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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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A. H. OHMANN-DUMESNIL, A.M., M.D.,

EDITOR.

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# MEDICAL REVIEW.

A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.

VOL. XXVI ST LOUIS, JULY 2, 1892 NO. 1.

A. H. OHMANN-DUMESNIL, A.M., M.D., EDITOR, 5 SOUTH BROADWAY.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Our Record.

As this number of the REVIEW is the first one of a new volume we desire to indulge in a little retrospect of the past six months. Those of our readers who have read the REVIEW since the inception of the year know that we have fulfilled all the promises made at that time. We have endeavored to present a weekly medical journal abreast of the times, not so scientific as to become a mere mass of lumber in the hands of the busy practitioner, nor yet a sheet filled with a mass of matter of more or less doubtful value. Editorially, the effort has ever been to strive for the advance of medicine and of physicians; to expose fraud and deception; to lay bare the schemes of those who are impelled more by selfish motives than the weal of the many; to speak fearlessly on the live issues of the day. We have, in addition, given what no other medical journal does—a large mass of items of general interest to the profession. But, to impress more forcibly upon our readers what they have received during the past half-year, we will give a brief review of the contents of Vol. XXV.

A leading editorial has appeared in each number, thus making a total of 26. These leaders have been direct in purpose and their object, in each instance, has been for the betterment of the profession.

The editorial paragraphs have been numerous, representing the large number of 218. They constitute a true index of the spirit of medical journals and of medical men. Every subject of interest to physicians has been presented in these, and care has been taken to give equal opportunities to those who differ from us in their views. While we would not sanction these views, in many instances, it is but just and right that they should be presented to our readers, who were left to form their own judgments.

The abstracts have been culled with care, and an endeavor has been made to present such matter as would prove of practical value to the reader. Those theoretical considerations which have been presented have always had a direct bearing upon points intimately connected with the practice of medicine and surgery. Illustrations have always been introduced, whenever necessary, in this way making this department more useful in a general review of the progress of medicine over the entire world. The total number given amounts to 560.

The correspondence has been both general and special. Our corps of regular correspondents comprises some of the most talented physicians in the United States, a fact which easily accounts for the excellent letters which have been published. The general correspondence has come to us from the remotest points in this country, as well as from those nearer home. The letters have always been interesting and, in many instances, of great value. When we enumerate the total number of letters published in the last volume we find that they amount to 109. This is certainly a good showing.

Medical societies have been well represented, only those parts of the proceedings which were of general interest being published. Under this head 105 separate articles have appeared, representing all of the civilized countries possessing such associations.

Literature has been spoken of, in so far as the physician is concerned, by means of book reviews. There have appeared 59 such; and, in every instance the greatest care has been taken to give a fair and just opinion

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of the work under considerotion. As many of our readers look upon this department as a guide in the purchase of books, more than ordinary attention has been devoted to it. No personal opinion or bias has been permitted to exercise any controlling influence in the critiques which have been presented.

Items of interest have formed a large portion of the matter presented weekly. Particular attention has been devoted to this with the object of keeping the profession informed of every event occurring in the medical world and out of it, which might prove of any interest. When we call attention to the fact that the number of items published in this department alone reaches the enormous number of 1,469, our readers will be able to appreciate the amount of labor entailed in the collection and arrangement of the same.

The department of formulæ has contained 178 reliable and selected ℞'s such as are employed and reccommended by a number of the best living therapeutists. It has been the purpose of the REVIEW to make this a true reflex of advanced therapeutics, and whilst the number is not as great as it could have been made, the reliability of those given more than counterbalances the deficiency in quantity.

It is not well for Jack to have all work and no play, for this engenders dullness, so that a department of wit and humor was introduced for the purpose of aiding the worn and jaded doctor in driving dull care away. The number of these items was 258 for the past volume, many of them being derived from original sources, just as they had actually occurred.

R. R. B., known to the initiated as railroad business has been made a department, for there are no professional men who travel more than doctors; and, in addition to this, they are all interested in railroad surgery. Under these circumstances the 102 items presented under this head should certainly prove that the REVIEW has been on the alert in this respect.

Let us take a general view of the matter and we are certain that our subscribers will confess that we have been generous with them. They have obtained 520 quarto-pages of reading matter, equal to 1,040 columns. To fill these columns it required 3,058 separate items, all of the best and freshest quality and practically unlimited in variety. We are unfortunately limited by the space at our disposal or we could make our figures larger. We are of the opinion, however, that every subscriber has received his money's worth many times over, and we feel assured that each and every one is satisfied with our showing. We have done our part, and perhaps a little more; now, can not our friends do something for us? We desire more subscribers and more yet. In fact, we can not have too many, and our constant endeavor shall certainly always be to satisfy them by giving them a live, progressive, weekly medical journal which shall represent in every respect what it purports to be—a MEDICAL REVIEW.

**The Power of Medical Men** in securing legislation was recently alluded to by Dr. Frank Winthrop Draper (*Boston Med. and Surg. Jour.*) who said: Let no medical man say that it is useless to seek a remedy from the legislature, that charlatanism has become too firmly rooted here to be eradicated by any means, however drastic. Repeatedly it has been demonstrated that measures of reform have been successfully accomplished with the aid of our profession in shaping and guiding legislation. Take a single illustration, the evolution of the methods prescribed for the commitment and treatment of the insane. As late as 1827, an act was passed by the Massachusetts Legislature which included every excited lunatic with "rogues, vagabonds, common beggars, and other idle, disorderly and lewd persons," and provided for his incarceration in a jail or house of correction until he was "restored to his right mind." This barbarity continued until the State, in 1832, heeding the representations of physicians, established the first lunatic hospital at Worcester. For many years after this, the process of commitment continued to be a purely legal one, without any required medical examination. But the protests of physicians again prevailed. In 1844, the legislature passed an act which recognized, for the first time, that insanity was a disease, whose diagnosis required medical knowledge, rather than legal acuteness. In 1862, it was enacted that for the commitment of an insane person to a lunatic hospital, "the evidence and certificate of at least two respectable physicians" should be required as a preliminary to establish the fact of insanity. Some modifications have been made in the amount and character of the medical evidence in these cases, but the recognition of the true nature of insanity and of the propriety of placing its humane treatment in the hands of physicians, rather than in those of the keepers of jails, was due to the labors of such men as Bell, Wyman, Ray and Jarvis. This result shows the effects which medical men may accomplish at the State House if only their efforts are rightly directed and persistently exercised.

**Gynecology in the Schools** is not of that high standard which it should be according to the New York *Journal of Gynecology and Obstetrics.* That journal says: What subject is more pertinent, more deep-rooted in the future interests of our specialty? Gynecology to-day is more popular as a study than ever before and students, undergraduates and graduates, flock in ever-increasing numbers to every recognized place of instruction. It seems to matter little who instructs if he but instruct under the egis of a well-known college. In the generation preceding us when men taught, they taught themselves, their experiences, and the deductions to be drawn therefrom. Then it was the teachers who gave the cachet to the place of learning; to-day this situation is, in a large measure, reversed.

Many general surgeons without pretence to special knowledge maintain to-day their ability to perform all

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plastic gynecological operations and do perform them daily nor are they, as a class, wanting in expressed contempt for our science as a specialty. In no other branch of surgery is the specialist thus derided. And to what can this be due save to the false and mischievous style of teaching so prevalent among us, to its underlying causes, and to the thus evident want of respect gynecologists themselves show for the special knowledge which they claim to possess.

Let every would-be teacher master those fundamental principles of pelvic disease which appear to him logically correct in their dependence upon known facts and reasonableness of theory. Let him then adopt these as his own and teach them only, rejecting every mode of treatment or operative procedure, by whomsoever offered, which is founded upon principles contradictory to those which he believes to be true, while adopting all that which he finds consonant with these principles. If he finds reason to doubt the truth of the principles he has maintained and gives them up for others, let him also give up all practice of those principles, but let him attempt to teach nothing which he himself does not both clearly understand and believe. By this method, students might be taught to make clear diagnoses of the condition of every pelvic organ in health as in disease and to have a comprehensive knowledge of the pathological conditions found, of their origin, and of the principles, in view of this origin, necessarily involved in any attempt at remedy. In other words, they would then know that any plastic operation proposed to meet certain indications must possess certain mechanical principles, even before they knew its technique or had ever seen such an operation done.

All this should students know before they are encouraged to flock to operations which they cannot understand. Then would fewer men care to operate "before the class" and "manglers" could not mangle long with impunity. In this age of gynecology conscious eclecticism is a crime.

**The New Quackery** is thus commented upon by the *Medical Record*: No one who has read the daily papers for the last decade or two can fail to notice the curious change which has occurred in the methods of advertising adopted by the quacks who patronize their pages. It used to be the custom to advertise the specific power of certain pills or mixtures, accidentlly discovered perhaps by some unselfish clergyman while teaching the natives of Central Africa or South America. The reader was assured with positiveness of the unvarying efficacy of the cancer-cure, consumption-cure, and kidney-cure in question.

Now, however, the tendency is for quacks to publish short clinical lectures and reports of cases, with pictures of some grotesquely healthy individual who had suffered martyrdom from Bright's disease or catarrh before he happily fell into the hands of the celebrated Dr. X. The quack often portrays with some fidelity the ordinary symptoms of the disease he especially treats. In this way other sufferers recognize and get a name for their ailments, and their minds are turned hopefully toward the confident advertiser. Then the record of cure is made complete by a letter from the patient, and what further evidence can be asked?

The modern quack is less of a fool and an ignoramus than his predecessor. He is sometimes a man of good medical education and experience; and has, perhaps, learned the methods of treating catarrh, fits, phthisis, Brights's disease, rheumatism, and neurasthenia, ordinarily employed by physicians. His essential distinction is that he advertises dishonestly and practises dishonestly, for he promises what he cannot surely do. Perhaps on the whole he does not do quite so much harm as of old. As to whether he thrives as well we cannot say; but it seems improbable. The modern quack has to hire a whole column of a newspaper, and perhaps occasionally a hall, in order to beat his rivals; and every year it looks as if, to be successful, he must advertise more. Eventually the time will come when it will cost so much to advertise successfully that the quack will be driven, perforce, to honest methods. The development of the modern quack is a good argument, if any were needed, against the advice that doctors ought to advertise like other people who seek business patronage. Aside from any question of morality and propriety it would soon be found that the practice would become an economical impossibility.

**Purging** is spoken of by a "professional failure" as follows (*Ex.*): There is another refocillant quacks wisely used and we have almost let slip from our nerveless hands: purging. And the quack has grasped it. Just as bleeding is looked upon as debilitating, so, free purging is weakening; but it should really stand side by side in the forefront of tonics, tone-giwers, invigorants. Has the water in the boilers wasted down to brine, choked the tubes with dross and scale? Cast it out! and let the injectors fill them with the best we can get right full again. Is the grate so clogged with ashes that the added fuel but damps the fire. Rake it out! vigorously and persistently until all is clear again. Is the blood "poor," deficient in red cells, pallid from leucocytes; get rid of some of it; and absorption and assimilation go on with redoubled speed. Is digestion feeble, bradypeptic, flatulous; clear out the bowels, purge until they are as clean and clear as the tongue should be, and in both cases the patient, weakened temporarily, is the stronger and the better; the very vigor of the treatment is itself invigorating.

We know the quack to be the most stupendous of liars, the quintessence of roguery, but, as it is not in human nature to be perfect, even he cannot help telling truth occasionally; advertising cannot carry all before it, there is a solid substratum of fact as a fulcrum. And it is: aloes internally and turpentine externally—and he has scarcely aught else but these more or less disguised in every panacea—are really very valuable and at the same time the cheapest of remedies. So, even from

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him of to-day, as from the phlebotomist of old, we can learn something greatly to our patient's advantage—and our own.

**"Are Party Lines Disappearing?"** is asked by the New England *Medical Gazette*. Are the lines which separate the old school from the new school of medicine disappearing? Are these schools, in both of which are thousands upon thousands of educated, conscientious, earnest men and women working toward one common end—the rescue of humanity from the physical ills to which it is heir—learning to work, not indeed in unity, but in fraternity and in concord? That is a question which not only the student of medical affairs, but the philosopher, the student of sociology, must ever and again be interested in asking himself. It is a question which is asked, editorially, in a recent issue of the *Medical Times*, and there receives a highly optimistic answer. The answer is supplied, in part, by a quotation from the Cincinnati *Lancet-Clinic*, in which that excellent journal points out how many differences of theory and practice between the schools are being yearly swept away; and from this fact draws the inference that in a few years all differences of any moment will be done away with, and the schools find themselves as one. Would that the inference were one which would bear the searching tests of fact and reason! The gain to science and to humanity from the honest, scholarly men of both schools working together in hearty, mutual helpfulness would be something incalculable, something millennial. But the day of that possibility is yet far.

We are pleased to agree with our homeopathic cotemporary in this conclusion, and hope that the present condition will continue.

**Higher Education for Women** is not so favorably looked upon as some imagine. The *Canadian Practitioner* asks if it is possible, in the schools, to give too much encouragement to girls who contemplate a course of, what we are accustomed to call, higher education? Are women equally fitted with them to enter the learned professions, and to compete with them in the various employments of life hitherto solely occupied by men? It may be thought that these questions have long ago been definitely settled, and there is no more to be said in objection to the great "advance" which has of late years been made in the facilities afforded for the education of girls and women. It is well, occasionally, to pause and calmly consider the opposite side of a question when we find ourselves being carried on by the current of popular enthusiasm. An article appears in the *Lancet* which will excite a great deal of interest and criticism. It is an oration on "Sex in Education," delivered at the Medical Society of London by Sir James Crichton-Browne, M.D. He considers the tendency is unphysiological of ignoring intellectual distinctions between the sexes, of assimilating the education of girls to that of boys, of throwing men and women into industrial competition in every walk of life, and of making them compeers in social intercourse and political privileges; he thinks this tendency likely to lead to most disastrous results.

**Exposing Frauds** is certainly a duty which the journalist is expected to fill in respect to the general public. As a rule, newspapers are very chary of doing this in matters medical. However, we must confess that we have been agreeably surprised in this matter, by the occurrence of a series of articles in a daily paper. As our readers know, the Keeley "cure" has received an amount of gratuitous and untruthful advertising, in the daily press, which is simply stupendous. The St. Louis *Evening Chronicle*, however, has commenced a systematic investigation of the "cure" and the articles published so far have reiterated and confirmed the opinions of the more intelligent members of the profession and of the medical press. Mr. Hess, who has worked up the subject in the *Chronicle*, visited Dwight and was an eye-witness to all the hocus-pocus which prevails at the celebrated central depot of the charlatan, Keeley. If one-half of what he says is true, the chief of the inebriety "institute" and his coadjutors should be at Joliet instead of Dwight. We desire to congratulate the *Chronicle* upon its independence and would urge it to "continue the good work."

**The Ready Doctor** is a much-needed individual, according to the Maryland *Medical Journal*, which states that an accident on a school excursion some time ago at one of our bay resorts suggests that the doctor should accustom himself to carry certain drugs and instruments in his pockets on all such occasions. It seems that a party of young people were enjoying a "toboggan" ride, when the car ran off the track and threw them all out; injuring all, and breaking the legs of one person.

In such accident cases a doctor is eagerly welcomed, but a doctor would feel very uncomfortable without a little morphia and other simple remedies. It seems a part of our duty to our fellow-men to be always prepared, in season and out of season, to meet with simple remedies any emergency that may arise, especially when no other professional help is to be obtained. A few tablets in the vest pocket, and a knife and scissors and artery forceps may be of inestimable service, or even save life, in such cases.

**Monuments to Medical Men** are certainly gratifying to the medical profession. As the *American Lancet* says, this is a time of monuments, in stone or bronze, to the memory of individuals who have died. The medical profession has fallen into line, and numerous projects have been started to thus perpetuate the memory of those who have become distinguished. The project of building a monument to Dr. Rush has been before the profession for many years. Even the physicians in the city which it is proposed to ornament by the monument have not impoverished themselves to

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supply the needful funds. Still less has the city of his life and scene of his activities overburdened the treasurer with funds. The pathetic, soul-stirring appeals of the distinguished promoter of the project have year after year failed of the fruition of their purpose. The fact is, Dr. Rush already has received the full meed of honor that was his due, and the money of physicians has thus far found more desirable objects to purchase than a monument to his memory.

**Medical Aid Associations** are criticised by the *Provincial Medical Journal* which says: Provident dispensaries and medical aid associations: are they exactly on the same footing? They resemble one another so far that both are designed to help the poor. The profession gave birth to the provident dispensary, and the profession is still true to the principle to which all medical aid societies owe their existence—viz., to aid the poor. Who are the poor? The wage limit fixed this, but this wage limit was not adhered to, and the provident dispensary was abused as much as the hospitals have been. The well-to-do and the mean flooded to them, and provident dispensaries have met with hostility from this fact. The medical aid society may be legitimately carried on if it is only restricted to a class who cannot pay a proper fee for professional services; it becomes illegitimate when it admits as members those who are in a position to pay the ordinary moderate fees of the general practitioner.

**Self-Deception** is no doubt a cheap form of amusement, but sometimes it verges upon the ridiculous An example of this is the following from the *Banner of Gold:* The attitude of the medical profession toward the discoveries of Dr. Leslie E. Keeley, of Dwight, Ill., is changing very rapidly. For a long time the profession, with but few exceptions characterized the doctor as a charlatan, an impostor, a quack and an ignorant country saw-bones. When, however, month after month and years went by, increasing the number of patients cured of alcohol and opium diseases, the thinking men of the profession began to say "we cannot afford to pass this matter by without investigation. We cannot ignore the fact that Dr. Keeley is curing men, for we meet them every day. We do not know how he does it, but that he does do it can no longer be disputed."

**A Fraud** which escaped consideration is alluded to by the *Medical News,* which says that it is to be regretted that as a body the American Medical Association did not set the seal of its unlimited condemnation upon the Keeley craze. We well know that it cannot turn aside from its true work of positive science to silence every despicable cur of quackery that may bark at its heels. But in this instance Keeleyism is a national disgrace, and we have a duty to the community and to the future that must not be shirked. All honor to Dr. Dewey, and especially to Dr. Moyer, for plain, true words manfully outspoken at an opportune hour.

**Abdominal Suturing.**—Dr. Wm. H. Wathen states (*Jour. Amer. Med. Ass'n*) that in selecting a method of suturing the abdominal wound we should adopt the means that will best prevent stitch or mural abscess and ventral hernia. There are other considerations, but these are the most important. Ventral hernia may occur in any case where the deep fascia is not held together until it unites firmly, and this can best be accomplished by separately suturing it. If we attempt to perfectly coapt it by the interrupted suture introduced through the thickness of the walls the tissue included will be so constricted that there is danger of painful abscesses, and we will not accomplish what is expected. But by suturing the fascia separately the coaptation and union are perfect without the danger of abscesses from strangulation of tissue. Since I have practiced the following method I prefer it to any other, and the results have been beautiful. I use the kangaroo tendon, and with a straight or curved needle begin at the lower angle of the wound and close the peritoneum with a running stitch. The deep fascia is next closed in the same way, and then the superficial fascia and fat; the suture is now cut and the end buried in the tissue. The skin is united by superficial silkworm gut sutures introduced with a small curved needle. The suturing by the tendon may be done in one minute, and the silkworm gut may be quickly introduced and tied. I prefer the tendon to catgut because it is more easily made aseptic, and will not be absorbed until union is perfect, and I use the silkworm gut because it is one of the most aseptic sutures, as has been recently emphasized by the results of the bacteriological examination of sutures removed at the Johns Hopkins Hospital. Only one piece of tendon is used in suturing an average abdominal incision. The silkworm gut may be removed on the fifth or sixth day, and the surface will be dry and union perfect. But the buried tendon will hold the surfaces together for two or three weeks before its integrity is so impaired as to destroy its resisting power. I do not now expect to be annoyed by stitch or mural abscesses, or ventral hernia.

**Natural Resistance to Infectious Diseases.**—It has been known, in a general way, that the weakening of the organism tends to lower its natural resistance to infectious diseases (*Bact. World*). All causes, in fact, which diminish the natural forces, and in any way interfere with the full, strong, natural, physiological actions of the economy, favor the receptivity of micro organisms and modify the natural power existing in individuals to resist infection. A great number of

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experiments and observations have been made to determine the susceptibility to infection of animals under various conditions, such as under fatigue, hunger, etc. Experiments concerning the influence of abstinence in lowering natural resistance to infections have been made recently by MM. Canalis and Morpurgo. They used the bacillus of anthrax in their operations, and demonstrated that in the majority of cases the organism is very much more susceptible to disease when it is in want of food, than when nourishment has been satis factory. In several series of experiments, the results pointed to the same conclusion, except in some instances of the inoculation of white rats.

It is important to note that in the treatment of general infectious diseases, food ought to play a most important part, and that it ought to be as natural, as easy of digestion, and as simple as possible, thus not overloading the stomach, and yet giving the body proper and ample nourishment to sustain the natural forces, realizing thereby the conditions most favorable for re jecting contagion and infection.

**Counter-Irritants.**—This class of remedies once very popular has now fallen into disrepute (*Pract. Mo.*). In fact nothing stronger than rubefacients should ever be employed in the treatment of young children. Mustard plasters of proper strength, hot pediluvia and various stimulating liniments are decidedly beneficial in many cases. Camphorated oil applied locally with the hand has a well-deserved domestic reputation for colds on the chest, bronchitis, sore throat, etc. Oil of turpentine used in the same way is also a valuable remedy. Blisters and escharotics should never be resorted to in the treatment of young children. According to Bartholow, mild irritation increases the vaso motor tonicity. Severe and destructive counter-irritation causes vaso-motor depression and ultimately vaso-motor paresis.

**Eucalyptus Globulus in Influenza.**—Mr. Harry Benjafield says (*Lancet*): We have experienced a severe epidemic of influenza, with many cases of lung complications, and in these I have used eucalyptus globulus largely and with the best results. Especially marked are its effects in cases which threaten bronchitis and pneumonia. The following is a typical case of these attacks. A child a year old, three days after seizure, I found with a temperature of 105° F.; respiration 50; nostrils working, etc., with slight dulness, and bronchitic rales with harsh breathing in the lungs. I ordered, several times a day, inhalations of eucalyptus globulus by getting steam from a steam kettle, in which I put a teaspoonful of the extract, and throwing a sheet over the cot, put the child in an atmosphere of the steam. In older cases I put an umbrella over them with a sheet thrown over it; but in every case it is necessary to get heat enough under the kettle to vaporize the oil, which is not done at all effectually by the boiling water in an ordinary inhaler. In nearly every case the relief was most marked, and many cases recovered which I am satisfied would have died without it. When the temperature ran high I gave a warm pack every night, sprinkling the sheet with eucalyptus globulus, or a warm bath, to induce perspiration, putting eucalyptus in the water. Inhalations of it night and morning, either with steam spray or vaporizer, have proved most beneficial in chronic bronchitis, and especially in bronchitis with tubercular diathesis; but in these cases I am very careful to use only eucalyptus globulus, which is very superior in its effects to amygdalina, or any of the other eucalypti, and the Tasmanian eucalyptus globulus, or blue gum, is very different from the blue gums of Australia.

**Aneurysm of the Supra-Orbital Artery Cured by Pressure Applied by the Patient's Thumb.**—Dr. Wm. Murray relates an interesting case (*Brit. Med. Jour.*) as follows: The subject of this aneurysm was captain of a ship, and was treated in Charlestown, U. S., first of all by digital pressure and then by proximal ligature, for a small aneurysm of the supra-orbital artery, about three-quarters of an inch above the notch. Although the sac seemed to be consolidated and partly absorbed before he left Charlestown, another pulsating swelling appeared during his next long voyage. Having had experience of the digital pressure treatment, he of his own accord, while at sea, applied pressure in the following manner with success. He sat on a chair in front of a strong table and placed the right elbow on his knee, the uplifted forearm being supported by the edge of the table in front of him. The head was then brought down on the thumb, which was applied on the near side of the aneurysm just above the supra-orbital notch with sufficient firmness to stop pulsation in the swelling above. In this position the poor fellow, supported by the sympathy and succor of his men, held on for several hours, and was rewarded by finding that the tumor had become quite pulseless and solid. A few months after this I examined him, and found a small cicatrix on the forehead marking the site of the operation, and below it a slight thickening over the site of the second aneurysm, which, had, I think, developed in the ligatured artery on its near side. Probably this was the origin of the second aneurysm, because the patient strongly averred that there was no return of the original swelling. Whatever value this case may possess from a surgical point of view is greatly enhanced by the almost romantic heroism of this "patient who healed himself."

**Growth of Placenta.**—In reference to the alleged growth of the placenta in extra-uterine gestation, after the death of the fetus Mr. D. Berry Hart says (*Am. Jour. Obst.*, etc.) that no statement has been made as to what part of the placenta grows. It cannot be the fetal portion, as the fetus is alleged to be dead, and there is no special maternal portion in advanced cases except the ordinary connective tissue, and no reason why this should grow when the active villi are dead.

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The increase in bulk of the placenta is brought about by organized blood clot, and we see no reason why the death of the fetus should cause this blood effusion. The apparent reason for this belief seems to be that the alleged primary extra-uterine gestation, where the villi were supposed to graft themselves on the peritoneum and where the placenta was necessarily stationary, seemed to call for this alleged growth of placental tissue after the death of the fetus as the only explanation of the unusual placental bulk. The primary grafting of villi on the free surface of the peritoneum, is, however, a myth, and so with its discredit the dependent myth of the placental growth after fetal death must disappear.

He believes that the increased bulk of the placenta is produced only during the life of the fetus and not after its death.

**Hydrogen Peroxide as a Disinfectant of Water.**—Dr. Altehoefer, after giving references to the literature of the subject, gives (*Med. and Surg. Rep.*) his researches on the disinfectant power of $H_2O_2$ dissolved in water. He finds that the addition of 1 per 1,000 to ordinary drinking water, to drinking water containing sewage, or to water containing typhoid bacillus or cholera bacillus is quite sufficient to destroy the various saprophytic and pathogenic organisms contained under these conditions, if it is obtained perfectly fresh and kept in good condition, and if it is allowed to act for a period of twenty-four hours. It is specially valuable for the disinfection of drinking water because it does not affect the taste, does not alter the color, and in the proportion mentioned is perfectly innocuous. As regards cost, he calculates that sufficient drinking water —say 10 liters—for a family may be sterilized by means of $H_2O_2$ at a cost of about 5 cents per diem.

**May Crystalline Aconitine Nitrate be Prescribed With Perfect Safety?**—It is well known that aconitine nitrate, even in very slight doses, produces toxic accidents more or less serious (*Medical Age*), and several practitioners have for this reason renounced the use of this medicament, which they consider too dangerous, thus foregoing its very efficacious therapeutic action in some cases. Prof. Lepine, however, asks if it be not possible to continue its use with the aid of certain precautions.

Consulting those authors whose authority is the most unquestioned, we see that they prescribe nitrate of aconitine crystals in the dose of 2 to 3, and even 4, milligrammes per diem.

And yet this medicament is really dangerous for several reasons. First, there is very little margin between the therapeutically active and the dangerous dose of nitrate of aconitine, so that one runs the risk of the supervention of serious accidents from a dose very little beyond that which is required for curative action. In the second place, the dangerous dose varies greatly with different subjects. Indeed, says M. Lepine, there are exceptions which cannot possibly be foreseen—special susceptibilities which it is impossible to suspect. The inference is that practitioners should be very prudent in the employment of the remedy, and that it is wise to hold fast to small doses. If they do not prove sufficient, it is better to forego the use of the remedy.

**Post Partum Hemorrhage.**—Dr. S. W. French says (*Jour. Am. Med. Sc.*) that post-partum hemorrhage necessitates not only a careful but also a rapid survey of the conditions. The question is what is the cause of post-partum hemorrhage, or especially what is the cause of the post-partum hemorrhage in your own individual case. It is a question that I think you cannot always answer, because if you could answer immediately, you would then probably be better able to select your remedy for stopping it. It more often comes like a thief in the night and takes you entirely off your guard. Now, in respect to this woman, she was the last person that you would even expect a post-partum hemorrhage in. The labor had been unusually rapid, the contraction of the uterus had been good during the whole labor. There was no delay, the blood clotted, which does not always occur. I think it has been brought up by some authors that in these severe post-partum hemorrhages the blood does not always clot. I think it was fortunate in this case, that the blood did clot, and that that clot in the uterus did act as a tampon, so to speak, to close up the uterine sinuses. That word, tampon, brings to mind that it has been considered a good plan in severe post-partum hemorrhage, where hasty means are used, in the way of hot water and vinegar, and the hemorrhage seems to keep up, to tampon the whole uterus with antiseptic gauze, and in other words attempt to bring about a clot by this self-same pressure. Of course, the use of the gauze, being introduced into a freshly parturient uterus in that way, is a method attended with a great deal of danger, especially of producing sepsis. Another point that came to my mind was that if you did not produce the sepsis, you might produce an absorption of your antiseptic, if you used an antiseptic gauze. If a sublimate gauze was introduced into a cavity of the uterus with a freshly denuded surface, it might have the effect of producing sublimate poisoning. The idea is to pack the uterus firmly, as if you were going to tampon the vagina. The matter of post partum hemorrhage is a serious thing and requires the most rapid and heroic treatment possible, and it is a little difficult sometimes to select the most esthetic means at your hands, and possibly oftentimes difficult to select a method that would be free of danger in itself, more particularly a perfectly septic one.

**General Paralysis of the Insane.**—Dr. Philip Zenner says (*Lancet-Clinic*) that whatever be the relationship of syphilis to the disease, it is probable that some additional cause is always necessary. The disease rarely occurs in the colored race, though syphilis is common. It is found most frequently in the countries

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with highest civilization. We cannot go far amiss in the statement that a great taxing of the intellectual powers is, as a rule, the exciting cause, and that this cause is more effective where syphilis has lessened the resisting power of the nervous system.

General paralysis is, essentially, a disease of the anterior part of the brain, that part possessing motor functions, and, at the same time, most intimately related to the intellectual powers. Meynert carefully weighed different portions of the brain in advanced cases, and always found the greatest amount of atrophy in the anterior half of the hemispheres. Nevertheless, pathological changes take place in other or all parts of the brain, as well as in other parts of the nervous system, and thus account for the manifold symptoms sometimes presented.

**Pulmonary Atelectasis as a Cause of Anemia.**—Dr. Albert Abrams, read a paper upon this subject before the California State Medical Society (*San. Cal. Pract.*), in which he showed by accurate observations, supplemented by measurements of hemoglobin and the red blood corpuscles, that atelectasis of the lungs is a frequent factor in the etiology of anemia. He enumerated the symptoms of anemia of pulmonary origin based on the observation of twenty-five cases observed in private practice. Improvement in these cases was noted after the inhalation of compressed air by means of the pneumatic cabinet. He believed, however, that no special apparatus is required if the patient is taught to make repeated forced inspiratons. The following comclusions were formulated:

1. Physiological atelectasis of the lung is a frequent condition.

2. It may be readily diagnosed by the presence of circumscribed areas of lung dulness, which disappear after repeated forced inspirations.

3. Physiological atelectasis of the lung is frequently associated with anemia.

4. In all cases of anemia of obscure origin examination for atelectasis of the lung should be made.

5. Anemia, due to physiological atelectasis, may be cured after inflation of the lungs.

6. Forced voluntary inspirations are an excellent substitute for inhalations of pure oxygen, and are of great value in anemia from whatever cause.

**Spontaneous Cure of Cataract.**—The *British Medical Journal* of May 14th contained the report of "A Case of Spontaneous Cure of Cataract," by Mr. Charles Higgens, as communicated to the Ophthalmological Society of the United Kingdom on May 5. I believe this method of comparative cure is not so rare as is supposed says Dr. Wm. Robinson (*Brit. Med. Jour.*). I have seen three instances of it. The following are some brief notes of such a case entered in my note book on August 29, 1888:—"A. E., aged 92, female, bedridden with nodular rheumatism for many years. Right eye; cataract; pupil large, quite blind, cannot distinguish light from darkness; T+1. Left eye: Pupil small; iris, very tremulous; anterior chamber, deep; lens, formerly cataractous, has undergone softening and partial absorption. She can now only count fingers held before the light, and cannot read. Fourteen years ago she became quite blind (cataract); seven years ago sight "somewhat suddenly" improved (pathological softening of cataract) so that she could read a Testament with large print on a bright day; for the last two or three years she has not been able to read. I believe that this advanced stage of Morgagnian cataract is what is popularly termed "second sight" in old people.

**Bromide of Gold as a Medicine.**—Dr. Goubert, in a memoir presented to the Paris Academy of Medicine, advocates (*Pacific Rec. Med. and Surg.*) the employment of bromide of gold in the treatment of epilepsy and of different forms of migraine. He thinks that the salt is better tolerated than the other bromides. The medium dose for an adult is eight milligrams to begin with—gradually increasing to twelve milligrams—in a weak solution; for children, from three to six milligrams. Too large a quantity gives rise to headache of no great severity, and unaccompanied by sleepiness; this soon goes off on diminishing the dose. The remedy, according to M. Goubert, has a long-lasting action, epileptics, after taking it, sometimes going several years without a return of their complaint.

**Treatment of Uncomplicated Fractures of the Base of the Radius.**—At the late meeting of the American Surgical Association Dr. John B. Roberts, presented the following conclusions:

1. Fractures of the lower end of the radius vary comparatively little in their general characteristics, because but one form is usual.

2. Muscular action has little, or nothing, to do with producing or maintaining the deformity.

3. Immediate reduction of the fragments is the essential of treatment.

4. Many of the splints devised for the treatment of this fracture have been constructed in ignorance of the pathology of the condition.

5. The ordinary fracture of the lower end of the radius usually requires no splint, and should be dressed with a wristlet of adhesive plaster or bandage.

6. When a splint is required, a narrow, short, dorsal splint, fixing the wrist, is all that is necessary.

7. The method of dressing here advocated is the best, because it annoys the patient as little as possible by avoiding cumbersome appliances, and permits free voluntary movements of all the finger-joints.

8. Passive motion is unnecessary until union has occurred and the dressings have been finally removed.

9. Good use of the wrist and fingers is early obtained, and the anatomical conformation is restored as well as, and perhaps better than, by other more complicated dressings.

10. Old fractures, which have been improperly treate

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by omission of immediate reduction, may with considerable success, be subjected to refracture at the end of six or more weeks. At later periods, readjustment may be possible only by osteotomy, which is a legitimate means of treatment.

**Vulvo-Vaginitis in Children.**—In a study of this subject (Maryland *Med. Jour.*) Dr. J. Whitridge Williams arrives at the following conclusions:

1. Vulvo-vaginitis is quite frequent in children, occurring in about 1 per cent of all dispensary cases.

2. Most cases are infectious and in all probability of gonorrheal origin.

3. Its gonorrheal nature has not yet been absolutely proven by bacteriological research.

4. The most frequent mode of infection is indirelty from the mother or some other member of the family, by means of the general use of the same toilet articles, or by the children playing with each other's genitals. Occasionally the infection occurs from a case of ophthalmia, and in rare cases from infection at birth or from criminal action.

5. The affection runs a very prolonged course and usually does not cause much constitutional disturbance.

6. In rare cases it may lead to serious internal trouble, as salpingitis and pelvic peritonitis.

7. The diagnosis between the infectious and non-infectious varieties is only possible by means of the microscope; as a matter of precaution all cases are to be treated as infectious.

8. The most efficient treatment consists in extreme cleanliness on the part of the child and its attendants, and local applications of a solution of silver nitrate.

9. In children's hospitals such cases should be isolated.

**Wax in the Ears.**—The following method is given by Dr. A. S. Tuckler (Cal. *Med. Jour.*): A simple method of removing "wax in the ears," is to take peroxide of hydrogen (Marchand's), warm it in a water bath, then with an atomizer spray the meatus for about five minutes. This will soften and partially dissolve the cerumen. An ear spoon will now remove the mass and to the surprise of the patient, the sense of hearing will be immediately restored. A little more of the spray to cleanse the parts will be all that is necessary. This is a far safer method than the digging out process and not liable to perforate the tympanum, an experience which the writer had been subjected to.

**The True Summer Drink** should contain real nutritive properties to compensate for the exhaustive waste of perspiration and counteract the weakening and relaxing effects of excessive heat. For interesting reading on this subject, see the article "A Refreshing Tonic and Reconstructive," on title page of this issue.

## San Francisco Letter.

Editor MEDICAL REVIEW.—

ON THE FREQUENCY OF CRIMINAL ABORTION.—During the last three weeks five deaths have been recorded in this city as the result of criminal abortion. Two of the women made antemortem statements, accusing men who have been for many years notorious as abortionists, yet it is safe to say that neither of them will receive any punishment save the trouble and expense of procuring bail and lawyers. One of these men has been in court for the same crime at least half a dozen times in as many years, and his business of procuring abortions is well known from Humboldt to San Diego, yet within two years he came within a few score votes of being elected Mayor of this city, and made nearly a winning fight for the Gubernatorial chair. He is still in the race for the coming election, and last week the "Another Malpractice Case" cry of the newsboy mingled with the clang of a bell calling attention to a transparency inviting us to "vote for Dr. ——." As the fellow is a recognized expert in his line it would be interesting to know how many fatal cases those made public in the last six years represents, and to what great proportions the grand total of abortions must swell to. Some two months ago a prominent divine in a sermon called attention to the alarming frequency of procured abortions, even among the respectable classes, and to the complacence with which the matter is generally considered in this city. The press at once went for his scalp and upheld the morality of our people with religious fervor, yet every issue of the daily papers teems with advertisements of the professional abortionists, couched in language that cannot be misunderstood. I inclose "medical" column of the most prominent morning paper of this date in which the offer to perform abortion could not be mistaken. Wanamaker prohibited the "Kreutzer Sonata" from the mails, yet swallows this without a word, and there can be no comparison as to vulgarity.

It was noted in a previous letter that the system of trained nurses at the City and County Hospital had not met the expectations. The muttered complaints have been heard during the last few days and are being considered by the Board of Supervisors. Charges are brought by Dr. Regensburger, of the Board of Health, against the Chief of the Training School and the Superintendent of the Hospital. He alleges that the Hospital is under the exclusive sway of the female nurses; that Dr. Lefevre, the Superintendent, is in the habit of visiting the rooms of the nurses at all hours of

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the night and took them out driving and that discipline was lost. Dr. Lefevre admits going to the nurses' rooms, staying there sometimes as late as 12 o'clock in the morning, but states the nurses are superior young ladies and that the time was spent in drinking chocolate. It is presumed that he delayed his departure until 1 A.M., in order to touch these "superior young ladies" in their couches and give them his blessing. Undoubtedly there has been something rotten in the institution, as they have regularly disobeyed the orders of the visiting staff and ignored the internes. Dr. Baget complains that of late he has had to take a male nurse to the Hospital with him in order to get attention for his cases. Dr. McLean had secured a male dresser and ceased to expect any assistance from the "so-called" trained nurses. Dr. D'Evelyn had known patients to go 48 hours without their medicine and Dr. Shields stigmatized the treatment of the patients by the "superior young ladies" as shameful and inhuman.

Dr. Harry Sherman has just discharged from the Children's Hospital his 50th case of hip exsection for tuberculosis. These operations have been made within the last five years. Dr. Sherman will soon present a history of the series of cases in a tabulated form to the profession. One very unique case was a girl, now 7 years of age, who had both hips exsected at an interval of a few months and is now in splendid health and can walk and run with ease and comfort. Dr. Sherman called attention to the necessity of allowing the cavity after operation to close by granulation, so as to secure short, firm fibrous tissue and adequate support.

S. J. H.

## Philadelphia Letter.

Editor MEDICAL REVIEW.—There is an institution in our city of which we are justly proud. I am fully satisfied that the information that is gleaned from its wards each year by the medical students of our various colleges renders them more service in their future work than all the lectures of their courses. I refer to the Philadelphia Hospital. I do not think that it is fully appreciated outside of Philadelphia, so I will make it the subject of this letter.

Founded 150 years ago it is, with the exception of Hotel Dieu of Montreal, founded 1642, and possible two or three Mexican Hospitals, the oldest hospital on this continent.

Its history through a period of so many years is pregnant with interest. It is impossible in the brief limit of this communication to do more than refer to a very few points that will be of general interest.

The hospital records during the first thirty years of its existence are very deficient. In 1769 the hospital records announce the election of two visiting physicians who received £50 per annum and furnished all needed medicines. In order to open the doors of the Hospital to students in 1772, the visiting staff offered their services gratuitously with the proviso that the institution furnish the medicines. This was probably the origin in this country of gratuitous professional service to public institutions.

During the Revolutionary War one wing of the institution was occupied by the sick soldiers of the Continental army, and some months later, when the British took possession of the City the entire Hospital was appropriated to the sick of the King's troops. Temporary quarters were secured in various parts of the city for the sick and suffering inmates thus expelled. In the month of June of the next year (1778) the invaders having left the city, eighty-two of the 200 ejected returned to their former quarters, the balance having succumbed to the exposure and deprivation resulting from their ejectment. This experience greatly retarded the progress and usefulness of the institution.

The Hospital has been visited by a very large number of fatal epidemics. A brief reference to those occurring since the year 1776 is as follows: Small-pox and putrid sore throat prevailed in 1776 with a large mortality. In 1779 a very fatal form of intermittent fever destroyed many lives. In 1788 small-pox returned. The records make no reference to the mortality. In 1793 and 1798, yellow fever developed among the inmates with such rapidity and fatality that a panic ensued. All the officers deserted their posts, save the medical attendants and steward. Influenza increased the death rate very greatly in 1807. In 1811 malignant dysentery prevailed. The first visitation of typhus fever occurred in 1818. In 1823, 158 cases of small-pox were treated; 115 were unprotected, of these seventy died, twenty-five were vaccinated, all of whom recovered, five inoculated, two of whom died. The previous history of the remaining nine unknown. In 1822 another epidemic of the same disease occurred. There were sixty-one deaths in 176 cases. Eighteen cases had had previous attacks, three of these died. Among fifty-three previously vaccinated, eight died. These statistics tend to show that vaccination is a better protection than inoculation or a previous attack of the disease itself. In 1832 cholera developed. The disease increased with such rapidity that a general panic ensued among the nurses and attendants resulting in the manifestation of one of those peculiar mental phenomena so often observed in the midst of great danger. The following lines descriptive of this I quote from Dr. D. Hayes Agnew's Medical History of the Philadelphia Almshouse: "Between terror and a want of moral sense the nurses were seized with a mad infatuation. They drank the stimulants provided for the sick, and in one ward where the pestilence raged in its most fearful forms, and where between the dead and the dying the sight was most appalling, these furies were seen lying drunk upon or fighting over the dead victims of the disease."

Twenty deaths occurred in nine days in the Childrens Asylum during an epidemic of cancrum oris in 1835.

In 1849, 307 cases of cholera occurred, mortality 255. One of the attending physicians succumbed during this epidemic. In this same year there was a high mortality

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from puerperal fever. In 1854 cholera again appeared with a mortality of 150 in 300 cases treated. The following year puerperal fever prevailed carrying off nearly all puerperal women attacked. In 1864 and '65 not less than 700 cases of typhus fever were treated. The death rate was large; 300 cases developed in 1867 many dying. In 1881, '82 and '83, sixty-nine cases were treated with twenty-seven deaths. During the year 1866, 150 cases of cholera in the house yielded a mortality of eighty-two, and in 1866-7 cerebro-spinal meningitis developed 200 cases were treated with great mortality. In 1868, malignant measles destroyed eighty lives in the Chil drens Asylum. Fifteen of the sixteen occupants of the Foundling ward died. An epidemic of the same disease in 1882 left one child in thirteen in the foundling ward; 1884 and 1887 brought a return of measles. There were 158 cases of relapsing fever in the home in 1869 and 1870. The mortality 13¾%. A fact of some inter est is recorded to the effect that the mortality was greatest among the colored men and least among the colored women. There were twice as many cases among the colored men as among the colored women and the mortality, instead of being twice, was sixteen times as great.

In 1876 there were fifty cases of typhoid fever developed in the house. From that date until the recent pan demic of influenza developed, the Hospital was free from very serious visitations from infectious and contagious diseases. The influenza greatly increased the death rate especially in cases of pulmonary trouble. The Philadelphia Hospital has always been a most fruitful field for labor, a fact that has been appreciated by the various prominent men in the profession here. In its long list of visiting physicians and surgeons are to be found the names of some of the ablest men in the profession in this country. Dr. John Morgan, one of two men to whom is given the credit of founding the first medical school in America, Dr. Wm. Shippen, the founder of medical teaching, Dr. Caspar Wistar, and Samuel P. Griffiths, both teachers, Gerhard, the father of auscultation and percussion in America, James, early professor of obstetrics, University of Pennsylvania, Philip Lyng Physick, the father of American surgery, Dr. John K. Mitchell, Dr. Samuel Geo. Morton, the distinguished naturalist, Dr. Caspar Wiston Permock, who furnished a work on the heart, Dr. Jos. Pancoast, Dr. Robley Dunglison, Dr. Samuel Gross, Dr. D. Hayes Agnew, Dr. S. Weir Mitchell, H. C. Wood, Wm. Pepper, William Osler, and numbers of other eminent men have reaped much valuable information from the Phila delphia Hospital which through them has been given to the world in various shapes.

[TO BE CONTINUED.]

## Ununited Fractures.—A Record of Five Cases with Treatment and Results.

Editor MEDICAL REVIEW.—In presenting this paper I am aware of the infrequency of the occurrence of non-union in fractures, considering the large number that occur in different parts of the world every day, but I wish to impress the importance of thorough coaptation of the fractured ends and keeping them in that position, without motion, until firm union has taken place.

We all know how nicely, as a rule, fractures unite, but occasionally some peculiar idiosyncrasy takes hold of nature and the result is non-union.

Why this does occur has been explained in many ways, and just these little points are the object of this paper, that others may profit thereby.

Some ten years ago Oscar P., was injured in a railroad accident at Hannibal, Missouri, receiving a plain uncomplicated fracture of his right leg below the knee. His limb was placed in a Hodgen splint, which was suspended from the ceiling with the usual extension. At the end of a month his limb was examined and, greatly to the surprise of his physician, no union had taken place. The limb was again put in the splint and a second trial given; but at the expiration of two weeks no better result was manifested. He was then subjected to Bramaell's drill, by a surgeon from an adjoining city, and his limb again placed in the splint; but at the expired time the reward was the same.

He was thoroughly disheartened and, at the end of eight months, when I saw him, had his mind made up that during his remaining days he must be a cripple. He presented no appearance other than that of a man in health, and no history of syphilis or scrofula. His limb was examined and no reason found why union should not take place, though it was atrophied from non use, and he was so informed. The ends of the fracture were vigorously rubbed to excite some inflammatory action, and the limb placed in a snug fitting cast, and the patient put to bed for a few days, when he was allowed to walk with crutches. At the end of six weeks the cast was removed and firm union had taken place.

CASE II.—Daniel C., was injured by a horse running away which produced a compound comminuted fracture of both bones of the right leg below the knee. He was treated for six months without union occurring and, when I saw him, was very doubtful whether it would, as every effort, as he supposed, had been tried without benefit. I saw the case in consultation two months before and advised the treatment which subsequently cured the case, but failed owing to prejudiced ideas in regard to antiseptics. The limb was washed and scrubbed, requiring some two hours, when it was dressed with iodoform gauze, cotton, and a plaster Paris bandage put on, care being taken not to wrap it too tightly, but firm enough to allow no motion. In six weeks the cast was removed and some union being manifest the limb was again washed and the cast readjusted; the same course was pursued the second time with the result of complete union.

CASE III.—Joseph F., was injured by falling, fracturing his leg below the knee. He was immediately seen by a surgeon who placed his limb in a splint, and subsequently in a cast, but at the expiration of two months

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no union had occurred. I saw him and, inquiring into his history, found he had had syphilis. Finding this out I placed him on large doses of iodides, put his limb in a cast, and in six weeks he was completely cured.

Case IV.—Thomas H., was kicked by a horse, the calks of its shoe penetrating the muscles, producing a compound fracture of the arm between the shoulder and elbow near the nutrient artery.

He was seen by a surgeon who dressed it, as he said, antiseptically and at the end of six weeks the splints were removed. I saw him three months afterward and his arm was lying limp by his side with an ununited fracture. He was subjected to a brisk rubbing of the fractured ends, and his arm placed in a plaster cast securing the elbow and shoulder so that no motion could take place. At the end of seven weeks he was discharged well.

Case V.—I saw Mr. E., who had a fracture of the right leg, in consultation with a prominent physician who had been called in the absence of the one who had set the fracture. The position of the limb was very much distorted and no union had occurred, though weeks had passed since the accident.

The patient had progressive disease of the spine but that condition did not prevent union, as when the fracture was properly adjusted we were rewarded with firm union in the course of six weeks.

As it is the little things that often make success is my reason for writing the present article, and the subsequent explanatory remarks will, I hope, bear me out.

In the first case swinging motion prevented firm union. In the second cleanliness and a properly fitting cast brought the reward. In the third oversight of his syphilis was the cause. In the fourth failing to immobilize the shoulder and elbow. In the fifth the use of felt splints which by heat changed their shape, being pliable.

I fully realize that it is impossible for all to be perfect and hope none will construe this article as egotistical, but merely to place on record the cases so that others will not fall into the same traps.

Springfield, Ill. Walter Ryan, M.D.

**Removing Drum Membrane and Ossicles.**—Dr. Frederic L. Jack discusses the operative treatment for the relief of chronic suppurative affections of the middle ear (Boston *Med. and Surg. Jour.*) and concludes as follows:

1. The removal of the drum membrane and ossicles is attended with little annoyance to the patient, proof of which is sufficient to warrant the performance of the operation as the only means of cure in many cases.

2. The operation often produces marked improvement in the hearing.

3. Satisfactory results may be expected towards the relief of tinnitus and vertigo.

4. The results of the operation seem to be permanent.

**Horny Epithelial Tumor.**—Dr. Arthur Benson showed the Royal Academy of Medicine, in Ireland, a tumor which he had removed from the outer side of the left brow of a woman, aged about thirty, in St. Mark's Ophthalmic Hospital. It was not adherent either to the skin or the bone, and was removed under the impression that it was an ordinary dermoid tumor. It had been present all her life, and, except for the disfigurement, was no trouble to her, though she thought it was growing a little larger. The tumor was oval, and about three-quarters of an inch long and half an inch wide.

Dr. Graves showed microscopic sections of horny epithelial tumor. The tumor was completely invested by a strong fibrous capsule which sent in many trabeculæ, dividing off the masses of epithelial cells of which the tumor was composed. The great bulk of these epithelial cells were horny. In one place these horny cells were seen to be directly connected with a mass of Malpighian cells. This tumor was precisely similar, in macroscopic and microscopic appearance, to a tumor removed from the neck by Mr. Wheeler, and exhibited last year at the Pathological Section of the Royal Academy of Medicine (vol. ix., page 428).

**Indigo in the Urine.**—The London correspondent of the *Medical Record* states that at the last meeting of the Pathological Society, Dr. Ord gave an account of a case in which a deposit of indigo occurred in the urine. The patient had suffered for ten years with symptoms of prostatic enlargement. The urine was alkaline and offensive, and contained a number of flaky masses; under the microscope these were found to be altered mucus and embedded in them were a number of dark-blue bodies, apparently composed of some crystalline material partly stained by indigo, partly having indigo deposited on them. He considered these to be either urate or phosphate. He knew of no artificial method whereby indican present in alkaline urine might be decomposed so as to form indigo blue without inducing an acid reaction. He thought the form of the indigo was determined by the form of the substance on which it had been deposited. Dr. Ord then described the ordinary method of obtaining indigo from urine either in the form of a solution in chloroform, or in a film deposited on the surface of the fluid. If a solution of uric acid were previously added to the urine, crystals of uric acid partly stained and partly incrusted by indigo were found at the bottom of the fluid. Epithelial cells, yeast cells, and rod shaped bodies resembling bacteria were also found similarly stained, and occasionally

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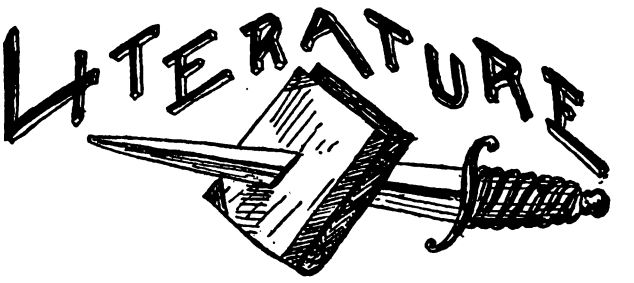
hedgehog crystals presumably consisting of uric acid were found deeply colored. Dr. Ord suggested that nascent indigo might be of use in the staining of bacteria.

**Recent Investigations of the Etiology of Diabetes Mellitus** was the title of a paper read before the American Medical Association by Dr. S. P. Kramer (*Med. Rec*). No less than twenty-seven theories had been put forth with reference to the cause of diabetes; it had been found that the pancreas was at fault in fully one-half of all the cases. The removal of the organ in animals was always followed by the malady. If it was partially removed, the disease remained absent, providing one-tenth of the original bulk of the organ was left *in situ*. Ligature of the duct gave negative result. These results seen in dogs were duplicated in cats and swine, but not in birds. In dogs in whom the malady had supervened after the removal of the organ, if they were fed on pancreas no relief ensued, but the latter did follow if bits of the organ were transplanted back into the anterior abdominal wall; if they were fed on glucose it was used up in the system and none excreted, but not so with condose. As the result of a long series of experiments, Dr. Kramer expressed the belief that the organ supplied to the blood a glycolitic ferment by which the sugar in the blood was destroyed, but if the viscus was removed the absence of the ferment, which resided chiefly in the white cells of the blood, caused the glycosuria. He did not offer this as an exclusive view, the ferment was found in the blood at its maximum four or five hours after removal from the animal. Normally, the sugar of the blood combines with some albuminous principle therein for the general benefit of the system. In diabetes this does not take place.

**Sarcoma of Buttock in a Lad.**—Mr. Treves described to the Clinical Society of London (*Lancet*) a case of sarcoma of the buttock in a lad aged 18. He had ligatured the internal iliac artery by the intra-peritoneal method. This operation was followed by remarkable shrinking of the growth and disappearance of the lameness and intense pain. The patient remained able to walk about for ten months after the operation, and died at the end of fourteen months. The case was reported to show the effect of the ligature of a main artery upon a sarcoma not amenable to treatment by excision.

The president inquired if such an operation had been done before, and if Mr. Treves could recommend it. As a palliative method of treatment it seemed to have been successful.

Dr. Manson said that the method had been in recent years abandoned. No permanent success had, he believed, followed such treatment. A malignant tumor was not likely to capitulate to a mere threat of starvation. In ligature of the internal iliac artery he preferred the operation from above Poupart's ligament, because it permitted the artery to be well seen, notwithstanding that it opened the peritoneal cavity.




Varicocele and Its Treatment. By G. Frank Lydston, M.D. 8vo., pp. 126. With illustrations. [Chicago: W. T. Keener 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $1.25.

All those who are interested in the subject of varicocele and its treatment will hail the appearance of this monograph with delight. Aside from the fact that it is the only one on the subject, with the possible exception of Mr. W. H. Bennett's small work, it possesses intrinsic merits of its own which recommend it to the genito-urinary specialist and surgeon.

Dr. Lydston is well known as a writor on medical subjects. His style is lucid and breezy carrying his reader with him and withal he has a certain analytical method which makes him very complete in the consideration of his subject. He is very apt at illustration as well as argumentative when he desires to uphold any chosen position. It is quite an entertainment to read anything he writes, and especially in the present instance as he has given as the fruits of much patient research as well as of a rich experience.

The anatomy, etiology, and pathology of the condition are well set forth. The portion devoted to the treatment constitutes the large bulk of the book and deservedly so. The various means which have been proposed, both mechanical and surgical, are commented upon and the relative utility of each one clearly pointed out. The author does not consider any single measures as applicable to all cases, but he favors some much more than others. He states that, in general he has found that "the combined operation of high ligation of the veins, with resection, has been much better from the standpoint of economy of time, than the subcutaneous or ordinary open operations of ligation."

He speaks very hopefully of the ultimate results following a radical operation; yet, he acknowledges that he has not been able to observe his patients a sufficient length of time to confirm his belief that the relief has been a permanent one. We have had occasion to observe the condition of several patients a number of years after a radical operation had been performed and, we must confess, the condition presented was certainly not one calculated to encourage operative measures.

We can heartily commend Lydston's monograph to all physicians and surgeons as probably the only modern work on varicocele which can lay any claim to completeness. The teachings are, in the main, sound and valuable.

The press work and binding are excellent and reflect credit on the publisher.

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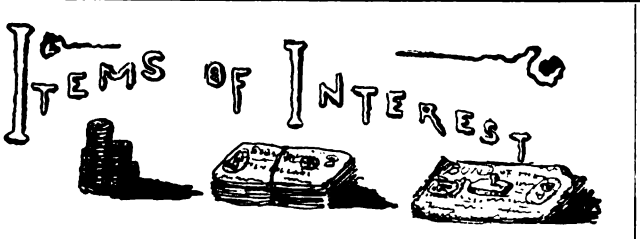


**Typhoid Fever** has appeared as an epidemic in the prisons of Salonica.

**Patients** seem to have adopted the following for their motto: To owe is human, to pay is divine.

**The Turkish Government** has decided to make vaccination obligatory throughout the Empire.

**Benzine** has been recommended for pediculi of the head and pubis by Nedywrecki. The liquid should be applied from 3 to 5 minutes.

**The Imperial School of Medicine**, of Turkey, conferred the degree of doctor and pharmacist on twenty-seven graduates, this year. The same school has engaged two physicians of Paris to fill the chairs of medical and surgical pathology.

**It is Announced** that a new monthly medical journal will be started in London to be called *The Medical Magazine*. The first number is expected to be published on the 1st proximo. It will consist of about 112 pages of reading matter, and the price will be half-a-crown.

**Heights of the Tallest Men.**—The following appears in the *Doctor's Weekly*: Turner, the naturalist, declared that he once saw upon the coast of Brazil a race of gigantic savages, one of whom was 12 feet in height. M. Thevet of France, in his description of America, published at Paris in 1575, asserted that he saw and measured the skeleton of a South American which was 11 feet 2 inches in length. The Chinese are said to claim that in the last century there were men in their country who measured 15 feet in height. Josephus mentioned the case of a Jew who was 10 feet 2 inches in height. Pliny tells of an Arabian giant, Gabara, 9 feet 9 inches, the tallest man in the days of Claudius.

John Middleton, born at Hale, in Lancashire, in the time of James I., was 8 feet 3 inches in height, his hand was 17 inches long and 8½ inches broad, says Dr. Platt in his "History of Staffordshire." The Irish giant, Murphy, contemporary with O'Brien, was 8 feet 10 inches. A skeleton in the Museum of Trinity College, Dublin, is 8 feet 6 inches in height, and that of Charles Byrne, in the Museum of the College of Surgeons, London, is 8 feet 4 inches. The tallest living man is Chang-tu-Sing, the Chinese giant. His height is 7 feet 3 inches.

**Dr. Thos. H. Manley**, of New York, has been appointed by the Commissioners of Charities and Corrections, Consulting Surgeon to the New Fordham Hospital.

**A Quack Eye-Doctor** who had been "doing" the rural districts of Belgium, finally struck Brussels (*Nat. Drug.*). The police sent an inspector who wore a glass eye to consult the doctor. The latter, after examining the eye long and carefully, declared that he could restore it to perfect vision for a certain sum named. A payment was made—and so was a case against the quack, who now languishes in prison.

**Dr. Charles J. Lundy.**—We read in the *Medical Age*: The sudden death of Dr. Charles J. Lundy, one of Detroit's most prominent and esteemed physicians, has greatly shocked his family and large circle of friends. Dr. Lundy graduated from the medical department at Ann Arbor in 1872 and began practicing at Bellevue Hospital, New York, studying especially ophthalmology and diseases of the ear and throat. He received a degree at Bellevue in 1875 and returned to Detroit in 1878, where he soon built up a large practice, being highly regarded for his proficiency both by the public and the members of his own profession. He was one of the founders of the Michigan College of Medicine and was professor of diseases of the eye, ear, and throat at the Detroit College of Medicine.

**Dr. T. G. Richardson**, of New Orleans, one of the most prominent surgeons of the South died recently, regretted by the entire profession of the country. The following is extracted from the records of the Medical Department of Tulane University of Louisiana (*N. O. Med. and Surg. Jour.*):

Prof. T. G. Richardson, born in Lexington, Kentucky, 1827; died May 26, 1892, at residence, corner Prytania and Second streets, New. Orleans, La. Professor of Anatomy April 19, 1858, to May 18, 1872; Dean October 6, 1865, to June 1, 1885 (resigned Deanship March 31, 1885); Professor Surgery May 18, 1882, to May 20, 1889; resigned.

Has resided at Lexington and Louisville, Ky., Philadelphia, Pa., and New Orleans, La.

Graduated M.D., Medical Department, University of Louisville, 1848; was Demonstrator of Anatomy, University of Louisville, Medical Department, 1848–56; Professor Anatomy, Pennsylvania Medical College, 1856–58; member "Academy Natural Sciences, Philadelphia," College of Physicians and Surgeons, etc.; editor "Louisville Review," and "North American Medico-Chirurgical Review," author of "Richardson's Anatomy;" anthor of various contributions to "Western Journal of Medicine," and "New Orleans Medical and Surgical Journal;" Surgeon P.A.C.S.; Assistant Medical Director, Army Teennessee, 1862–3; Medical Director, Department North Carolina, 1865; President American Medical Association 1878.

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**Dr. Benjamin Lee** has been elected Professor of Orthopedics at the Philadelphia Polyclinic.

**Dr. Junius C. Hoag** has been appointed Obstetrician to the St. Luke's Hospital, Chicago, a position which he is eminently well qualified to occupy.

**Professor Parvin** does not believe that properly applied pessaries ever produce cancer. If cancer does follow the use of them, they are not the cause of the disease, but the condition must have already existed.

**The Death of Dr. William R. Birdsall** is announced as having taken place recently. Dr. Birdsall was forty years old and a graduate in medicine of both the University of Medicine and the New York College of Physicians and Surgeons.

**Dr. Henry F. Formad,** Demonstrator of Pathology and Lecturer on Morbid Anatomy at the University of Pennsylvania, and Pathologist to the Philadelphia Hospital, died June 5, 1892, after a brief illness, at the age of forty-five years. The funeral took place on June 9.

**Snake Poisons** still occupies the interest of many in India. The board of directors of the Calcutta Zoological Gardens is having a "snake-palace" constructed wherein will be housed living examples of all the known species of snakes. A laboratory for the study of snake venoms is to be attached.

**Dr. Henry Milton Whelpley,** the well-known editor of *Meyer Bro's Druggist* and Secretary of the Missouri Medical College, married Miss Laura Eugenie Spannagel, of St. Louis, June 29. We heartily congratulate the young couple and hope they will be blessed with an abundant crop of young microscopists.

**A Keeley Victim.**—According to the *South. Jour. Hom.* San Antonio presents its first victim to the bichloride treatment in a subject of attempted suicide. A traveling man from Ohio who had been in the habit of getting on a spree occasionally was attracted by the boastful and seductive advertising of one of the self styled "Institutes," of that city and presented himself for treatment. He received the regulation number of squirtguns full of the deadly poisons comprising the treatment and his mind became so seriously affected, doubtless from the atropia that the treatment contains, that he became frenzied and attempted suicide. It is the opinion of his physician, Dr. Applewhite, that the so-called "bi-chloride" is wholly responsible for the result. So says the San Antonio Daily *Express* of May 27. A pretty good start this toward the disastrous results that the Keeley Institutes of the north are experiencing from this barbarous practice of injecting massive doses of the rankest kind of poisons into the veins. The destructive dosage (*sic*) of the regulation old school is as nothing compared with it.

**The Maine Medical Association** met in Portland on June 9th. The following officers were elected: President, Dr. Alfred Mitchell of Brunswick; Secretary, Dr. William Cammett, of Portland.

**Dr. Leopold,** of Montevideo, in the course of cultivations made from the blood of animals affected with beriberi, found a micrococcus which he cultivated. Injecting a pure culture of this micro-organism in healthy animals reproduced the two principal forms of the disease—the generalized edematous, and the paralytic form.

**A Surgeon's Fee.**—A distinguished Chicago physician, who by patience and industry has acquired unusual dexterity, in a certain operation, was called upon (*Phys. and Surg.*) to operate on the child of a rich man, suffering from laryngeal diphtheria. The operation was performed with the operator's unfailing skill, and the child, already gasping and exhausted, was snatched from the jaws of death. The doctor was the recipient of grateful effusions from the parents. Then the skillful surgeon sent in his bill. He had saved the rich man's son, he had performed a service no money could compensate. The bill is sent for two thousand dollars, a check is returned for four hundred dollars, and this is declined. What value is the child's life held to be? If the surgeon had been a business man and sold fifty thousand dollars worth of real estate, or a lawyer and pleaded a suit, two thousand dollars would have been a small fee. Yet the surgeon could not probably get the law to recognize the justice of his fee.

**The Late Dr. C. J. Lundy.**—The profession will learn with sorrow, says a Detroit cotemporary, of the death of Dr. C. J. Lundy, which occurred at his residence in Detroit, on Tuesday, May 24. The deceased had been suffering for some time, and only recently had returned from the South, where he had been sojourning for his health. The cause of death was appendicitis. An operation was undertaken for the relief of the trouble, but the patient's strength, already broken by his long sickness, failed him. Dr. Lundy saw many of his friends for the last time, when, at a recent meeting of the state medical society, he was proudly and unanimously elected its president. The profession, in his death, loses an able and accomplished member. Charles J. Lundy was, at the time of his death, forty-six years of age. He received his degree from the university of Michigan in 1872. He went to Bellevue medical college in 1873 and graduated from that institution in 1875. He then devoted special study to ophthalmology and returned to Detroit in 1878, where he has since enjoyed a large and lucrative practice. He was professor of ophthalmology in the Detroit college of medicine. He has filled many important medical positions, having been president of the Detroit medical and library association, and, at the time of his death, president of the state medical society.

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**The Barnes Medical College** is the latest addition to St. Louis medical institutions, of which we will say more anon.

**Dr. Walter B. Dorsett** has been elected to the Chair of Diseases of Women and Clinical Gynecology in the St. Louis College of Physicians and Surgeons.

**The Chicago Medical College** has arranged an obligatory graded four year course of study, to commence in September. Each term will be seven months long.

**Dr. A. S. Barnes, Jun.,** has been elected Demonstrator of Normal and Pathological Microscopy and of Bacteriology in the St. Louis College of Physicians and Surgeons.

**A Chicago Physician** was seen by a policeman to enter a house carrying his surgical bag. He was arrested by the brilliant officer of the law for peddling without a license.

**The Journal of the Arkansas Medical Society** will be the name hereafter of the Journal of the State Medical Society of Arkansas. We would like to see it still further curtailed as long titles are always cumbersome, at least, so far as good medical journals are concerned.

**The Only State** in the Union which has a law that completely covers the case of the Faith cure, Christian Scientist and the Vitapath is Nebraska.

"Any person shall be regarded as practicing medicine within the meaning of this act who shall operate on, profess to heal or prescribe for, or otherwise treat any physical or mental ailment of another."

**Rather Aged.**—A correspondent of the *Sanitar noje Djelo* states that in the village of Dors-Kasan, Government of Tobolsk, Siberia, there is a Khirgis man of the name of Pujak Mussepow, who lives with his parents. He is 120 years old, his father 153 and his mother but a few months younger than her husband. Nothing is said of the grand-parents so that we presume they are dead.

**The Columbus Medical College** would not raise its standard last year, and about half its faculty resigned. This year two professors have resigned because of irregularities in the graduation of students. These irregularities were outrageous, and should debar the college from any recognition by any respectable body of medical men. At least seventeen states must hereafter discredit the diplomas of this institution. It is not the first time that unjust action of the trustees of some medical college, at the instigation of a minority of the faculty, has irreparably damaged the institution. A goodly number of such instances are upon record.

**Leprosy in Bogota.**—During the month of December, 1891, no fewer than 36 persons were discharged from the Lazareto de Contratacion in Bogota on the ground that the disease from which they were suffering was not leprosy. Fourteen lepers died in the establishment referred to in the same month.

**Hungarian Medical Association.**—The annual meeting of Hungarian Medical Men and Scientists will be held at Kronstadt (Siebenburgen) from August 22nd to 25th. During the meeting the members will be the guests of the city, which is making great preparations for their hospitable reception. Already nearly 100 communications have been promised, 65 of which are on medical subjects.

**A Committee** has been formed for the erection of a memorial to the distinguished physiologist, Ernst von Brucke, who died at the beginning of the present year. Among the members of the Committee are Professors Chrobak, Exner, Stricker, von Lang, Lobmeyr, Frish, Obersteiner, and Hochstett. The memorial will probably take the form of a bust or statue, which will be placed in the precincts of the Vienna University.

**The Seventh Annual Conference** of the New Zealand Medical Association was held at Willington on March 15th and following days. Delegates from the various cities of the colony were present, and members of the several local branches also put in an appearance. The Congress was, from every point of view, a decided success, chiefly owing to the tact, promptness, and business capacity of the president, Dr. Grace of Wellington, who made an ideal master of the ceremonies.

**University College Hospital,** for some unexplained reason, is not exactly a flourishing institution. Structurally it resembles an ill-conditioned barn, and financially the position is bad—even critical. They began last year with an indebtedness of £14,000, and the donations fell £2,700 below the average, while the number of in- and out-patients increased. The sale of a piece of land—the passage along which is barred by an obnoxious gate—will, if completed, rejuvenate the finances, and may even pave the way to reconstruction. If so, the sooner the better.

**The State Society of Arkansas** elected the following officers at its late meeting:

President, J. T. Jelks, Hot Springs.
First Vice-President, A. C. Jordan, Pine Bluff.
Second Vice-President, J. C. Wallis, Arkadelphia.
Third Vice-President, J. W. Case, Batesville.
Fourth Vice-President, G. D. Huddleston, Lamar.
Secretary, L. P. Gibson, Little Rock.
Assistant Secretary, W. B. Lawrence, Batesville.
Treasurer, A. L. Breysacher, Little Rock.
Librarian, R. B. Christian, Little Rock.

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**The Death of Mr. Henry A. Riley** occurred in New York on the 9th inst., of heart disease, from which he had long been a sufferer. Though a lawyer, he was well known to the medical profession by his contributions upon medical jurisprudence to this and other journals. For many years he had been a contributor to current literature, and for two years, having been compelled to abandon his professional and business pursuits, he had devoted his time largely to writing upon medical law. In this direction his work was unique, for he developed a field before unoccupied, being quite different from that of medical jurisprudence, as that term is usually understood.

**Nursing and Hygiene** will be represented at the Chicago exhibition by the sub committee of Nursing and Hygiene for the British section which has been formed. It consists of the following members: Lady Jeune, Mrs. Priestly, Miss Shaw Lefevre; Mrs. Bedford Fenwick, who will preside; Mrs. Holmes Spicer, honorary Secretary; Miss Isla Stewart, Matron and Superintendent of Nurses, St. Bartholomew's hospital, adult nursing; Miss Lumsden, Hon. Superintendent, Royal Infirmary, Aberdeen, adult nursing; Miss Henrietta Pool, Lady Superintendent, Adelaide Hospital, Dublin, adult nursing; Miss K. Hendie Close, Lady Superintendent, Hospital for Sick Children, Great Ormond-street, children's nursing; Miss Josephine de Pledge, Matron, Chelsea Infirmary, infirmary nursing; Miss Maud Mansel, Inspector Queen Victoria's Jubilee Institute for Nurses, district nursing; Miss Edith Kirwan Ward, private nursing; Miss Sophie Cartwright, Sister in-Charge, Gordon House Home Hospital, home nursing; Miss Annesley Kenealy, Lecturer to the National Health Society, sick dietary.

**Preventing Blindness.**—According to the *Medical Record*, an act for the prevention of blindness has just been made a law by the Rhode Island Legislature. It is similar to the New York State law, and Rhode Island is the first New England State to adopt it. The important paragraph is the first, and it reads as follows:

"Should any midwife or nurse, or person acting as nurse, having charge of an infant in this State, notice that one or both eyes of such infant are inflamed or reddened at any time within two weeks after its birth, it shall be the duty of such midwife or nurse or person acting as nurse, so having charge of such infant, to report the fact in writing within six hours to the health officer, or some qualified practitioner of medicine, of the city or town in which the parents of the infant reside."

It has been called the "Sore Eyes Bill." But as the sore-eyes in question cause ten per cent of the cases of blindness, and is the largest single factor, it naturally deserves special, if not legislative attention. We shall watch the results of the laws so far enacted with much interest, and trust they may prove effective.

**Fright.**—A medical writer says:—If mothers notice that the brains of their little ones conjure up uncanny sights and thoughts from the shadows of a room more or less dark, let the light burn brightly. To force a child to become accustomed to the darkness is a grave error, if its nervous system be so organized that this forcing is productive of fright. The nervous system of a child is a very susceptible organization, and the deleterious impressions made upon it will often make their influence felt throughout its whole after-life. If the child asks for a light under such circumstances, do not refuse it.

**The Louisiana State Medical Society** at its recent meeting elected the following officers:

President, J. B. Elliott, Orleans.

Vice-Presidents:

First Congressional District.—P. E. Archinard, Orleans.

Second Congressional District.—A. W. DeRoaldes, Orleans.

Third Congressional District.—A. J. Perkins, Calcasieu.

Fourth Congressional District.—J. W. Allen, Caddo.

Fifth Congressional District.—T. J. Turpin, Madison.

Sixth Congressional District.—J. S. Branch, Avoyelles.

This committee on nominations recommended that New Orleans be made the permanent meeting place of the State Medical Society, and that the second Tuesday in May, 1893, be the date of meeting, and furthermore, that the secretary and treasurer be paid an honorarium of $150 in recognition of their faithful services.

**A Half Dozen Reasons Why Most Nostrums Are Frauds.**—According to the *New Idea* they are as follows:

1. They claim to be specifics, which they are not.

2. The consumer pays an excessive price for a secret preparation when, were its formula known, the same preparation could be prepared and sold by his druggist at a reasonable figure.

3. Simple remedies are clouded in secrecy and sold as valuable new disconeries, which they are not.

4. Nostrums interfere with legitimate pharmacy, and, being sold by dry goods bazaars, rob the pharmacist of his right alone to compound simple remedies for simple ailments.

5. Their selling value depends not upon their merit, but entirely upon their being pushed by advertising, which advertising in the end the consumer has to pay for.

6. There is no question but that the manner of advertising many nostrums is injurious to the public good. Ignorant people with slight illnesses are made to believe that they are in dangerous conditions and frightened into buying and consuming stuff which may not at all be suited to their cases, and which they use at an excessive cost to their pocket-books and general health.

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**A Liberal Offer.**—The MEDICAL REVIEW will be sent to non subscribers for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

**The Journal of Orificial Surgery** has just appeared, dated July 1, 1892. It is an octavo of 72 pages edited and published by E. H. Pratt, A.M., M.D., LL.D., Francis D. Holbrook, M.D., and Emmet L. Smith, M.D. Chicago is its habitat, and homeopathy its persuasion.

**The Illinois State Board of Health** has, during the week ending June 24, issued State certificates to the following physicians: Chas E. Boisiert, John F. Ridlon, C. H. Williams, all of Chicafio; E. L. Huostia, West Jersey; Wm. H. McLean, East St. Louis; Geo. H. Ferguson, South Chicago; John H. Spencer, Murrayville; W. E. Wallace, Simpson; John W. Wyman, Samoth. Also, State certificates entitling to practice midwifery to Julia Klingar, Augusta Molloth, Margertha Nagel, Maria A. Peter, Gabrilla Ulbrick, all of Chicago; Louise Kreplion, Bloomington, and Mary Stroh, of Oakford.

**Is This the Medicine of the Future?**—Dr. Constantin Paul, of Paris, has been treating paralized patients by subcutaneous injections of a solution of the gray matter of the sheep's brain. This is, of course, a development of Brown Sequard's experiments with testicular juice as a restorer of virile strength. A physician in this country (*Ex.*) has been using injections of double distilled extract of gonorrheal pus in the treatment of rickety children whose fathers confessed to having had gonorrhea in their youth. This a fact. Then there is Koch's tuberculin. What are we coming to, any way.

**Dublin Joke.**—The ordinary meeting of the "Mutual Medical Titillation Society" was held last evening. T. R. Umpet Bloer was in the chair (*Times and Register*). The following papers were read: Dr. Cooley-Wabbles on "The Cure of Chronic Diarrhea by Ligature of the Transverse Colon, Staffordshire Knot," (Why not?—Ed.) Dr. Strait Vest: "Case of Homicidal Mania in a Child Five Days Old," and on "The Painless Removal of a Pair of Trousers from a Dangerous Lunatic, Who had Attempted Suicide with Same." An interesting discussion ensued. Dr. Bid-A-Wee: "Fatal Result from the Expectant Treatment of Post-Partum Hemorrhage." The following papers were promised for next meeting, to be read by Secretary, on "A New Patent Foramen Ovale," and "The Treatment of Spina Bifida by the Taxis and Violent Percussion," by Von Homboog; and on "The Value of Massage in the Treatment of Ingrowing Toenail," by Prof. Footsore Limpi. Von Schuckhardt on "A Case of Exophthalmic Goitre in a Kitten benefited by Traction on Caudal Extremity."

**Halifax** cannot now be said to be a promising field for new comers in medical practice. Within the last three or four years, we believe, something like eighteen or more medical men have commenced practice in the city. Naturally some of these have pulled up stakes within a comparatively short time for various reasons. The majority, however, remain and have lately been further reinforced. It is only fair to say that the ranks are now full and that the city is rather over supplied.

**Royal College of Surgeons in Ireland.**—At a meeting of the Fellows held June 6, the following office-bearers were elected for the ensuing year:

President—E. Hamilton.

Vice-President—W. Thornley Stoker.

Secretary—Sir Charles Cameron.

Council (in order of Fellowship seniority)—Sir George Porter, Bart., G. H. Kidd, Rawdon Macnamara, J. Kellock Barton, Edward Hallaran Bennett, Henry Gray Croly, Philip Crampton Smyly, Henry R. Swanzy, W. Ireland Wheeler, Austin Meldon, William Carte, Sir Charles A. Cameron, F. Alcock Nixon, Kendal Franks, Charles Bent Ball, J. B. Story, Henry Fitz Gibbon, A. H. Benson, and Thomas Myles.

**Jenner, a Quack!**—The *Hospital Gazette* says: Whatever fate may await vaccination, the *bona fides* and intelligence of Jenner, would, one might hope, never be called into question. Yet a correspondent, writing to the *St. James' Gazette*, alludes to the "malefic nostrum of that sinister quack, Jenner." Our contemporary has not even the excuse of having copied this disreputable piece of ingratitude from the *Times*, seeing that the epistle in question is addressed to the editor. Fortunately, hard words break no bones, neither do they carry convictiou! Still, one would like to see Jenner's motives appreciated, for he undoubtedly devoted himself with single mindedness and disinterestedness to the discovery of what he deemed, rightly or wrongly, to be a perfect system of prophylaxy against a common and terrible disease.

**A New Medical College and Hospital** is incorporated (*Chicago Med. Red.*) with Dr. John E. Harper as President, and L. A. McWillians, Secretary of the Board of Directors. It is to be called the Clinical College of Medicine and Specialty Hospital, and it is to be located in Chicago. The course of instruction is to extend over thirty-six months, divided into twelve terms of three months, and the classes attending each term are limited to six students. No didactic instruction is to be given. The northwest corner of Wabash avenue and Eda street has been secured, and on it will be erected a seven-story hospital building one hundred and thirty-one by one hundred and twenty feet, and a college building in the rear fifty by one hundred and thirty-one feet, three stories high. The Directors are now receiving applications from candidates for professorships and demonstratorships.

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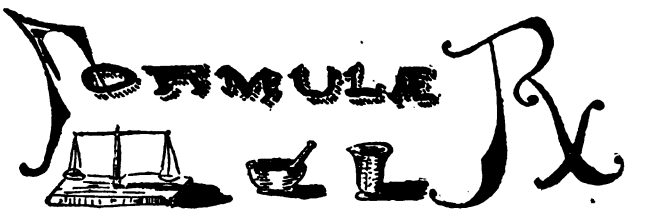
**Quackery** may be likened to a poor artificial eye—everybody can see through it except the patient.

**Whose Arm Was It?**—There are admittedly many contingencies not provided for by statute or common law, and one such lapsus is in respect of the ownership of dead bodies or parts thereof (*Hospital Gazette*). A farmer, of Bolton, recently lost a son in consequence of an accident necessitating amputation of one of his arms, the operation being carried out at the Bolton Infirmary. A request was made for the arm, but for some reason, this was not acceded to, and the aggrieved and bereaved parent thereupon sought by legal process to recover £10, "the value of the arm," from Dr. Wilkinson, the house-surgeon. A wag of a lawyer wanted to know whether letters of administration had been taken out, on the assumption, presumably, that the missing limb formed part of the poor lad's estate. Anyhow the judge came to the conclusion that no legal claim had been made out to the limb, and so a verdict was entered for the defendant with costs. It would be difficult to match this mixture of the ghastly with the ridiculous, but we are curious to know why the house-surgeon should have submitted to an action at law rather than relinquish possession of the trophy.

**Sir William Gull's Seal: A Confession of Faith.**—A paragraph in the obituary note, concerning the late Dr. Gull, to be found in the last Guy's Hospital Reports, is interesting as showing an ultimate proposition of a mind given equally to medicine and philosophy.

Sir William laid no little stress upon literary forms of expression. To some he seemed fanciful in his ways of putting things. "A motto which he invented for himself pleased him so much that during the leisure of his last illness he not only had a seal engraved with the words, but he had them printed on a slip of paper as a kind of memento. It was: *Conceptio Dei, Negatio mei, Ratio rei.* That is: All knowledge begins with materialism—with skepticism—with getting at actual bare objective facts, the thing itself—the investigation of phenomena, the linking together of necessary cause and effect; that is, the intellectual part of knowledge; and unless that is the foundation, our morals and religion have no true and firm basis. Next comes ethical knowledge, which consists essentially in self-denial, self-restraint, recognition of the overweening importance which we all give to the individual, and especially to one individual in comparison with the whole. Lastly, as the crown of mental development, the fruit of knowledge, and the result of self-discipline, spiritual truth is discerned."

Or, if we try to put this briefly into English, in vocative phrase, we may have this lesson inculcated, namely: Magnify Fact, Minify Self, Insight of the Divine. This condensation partially, only, reflects the seed thoughts contained in Dr. Gull's legend, but even this will afford food for reflection.




**Asthma.**—According to the *Med. and Surg. Rep.*, the following is used:

℞ Pulv. stramonii fol., - - - - ʒj.
Potass. nitrat., - - - - ʒiv.
Sem anisi, - - - - - - ʒij.
M. Ft. pulv. No. 1.
Sig. Mold into cones aa ʒss, burn on plate and inhale fumes; may add opium, tapnic acid, etc., if thought necessary.

**Resolvent Glycerole.**—*L'Union Medicale* recommends the following prescription as an application to be placed over strumous glands at the same time that cod-liver oil is taken internally with a tonic and stimulant treatment:

℞ Iodoform, - - - - - gr.xxx.
Balsam of Peru, - - - ʒjss.
Glycerin, - - - - - ʒvj.
M.

**Headache.**—In neuralgia, cephalagia, and in the early stage of la grippe, when the patient complains of pains and aches from head to foot, the following has answered admirably (*Med. and Surg. Rep.*). It also causes a reduction of temperature in la grippe:

℞ Quininæ sulph., - - - - gr.ix.
Antipyrin., - - - - - gr.xviij.
Ext. hyoscyami, - - - - gr.iij.
M. Ft. capsul. No. vj.
Sig. One capsule every two or three hours.

**Naso-Pharyngeal Syphilis.**—Dr. Griffin has obtained excellent results in treating naso-pharyngeal and laryngeal syphilis with the following, which may be used as a gargle, injection or spray (*Doctor's Weekly*):

℞ Calomel, - - - - - gram. 4.
Pulv. opii, - - - - gram. 2.
Aq. calcis, - - - - gram. 375.
M.

**An Anti-Neuralgic Mixture.**—Dr. Hightoner employs the following (*Lo Sperimentale*):

℞ Bromide of ammonium,
Salicylate of sodium, - aa grams, 5.
Tinct. hyoscyamus, - - " 8.
Water, - - - - - " 80.
Syrup, - - - - - " 30.
M.
Sig. A teaspoonful every thirty minutes until the pain disappears, without exceeding four teaspoonfuls.

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**A Patient** says, "Doctors may differ, but they don't disagree half as much as their medicines do."

**Doctor A.**—How did it happen, my dear friend, that you did not get a medal? Doctor B.—You see, we doctors have so many enemies in this world. Doctor A.—But still more in the other.

**A Veritable Knave.**—First Lady.—"Dr. Jones has a large practice and is getting rich very fast."

Second Lady.—"Does he practice allopathy or homeopathy?"

First Lady.—"Both."

**Fatal to Dolls.**—Aunty.—"Where is that pretty doll you had when I was here last?"

Little Girl.—"It's gone—died of the grippe."

"The grippe, eh?"

"Yes'm—'baby's grip.'"

**I Can't** pay this bill, doctor. It's exorbitant. I'm no better than I was, either."

"That's because you didn't take my advice."

"Ah—well—of course if I didn't take it I don't owe you for it. Thanks. Good morning."

**Mrs. Spleeney.**—They say it's an ill wind that blows nobody good. What would you doctors do were it not for sickness? Dr. Bolus.—Ah, there you make a great mistake, Mrs. Spleeney. It is the people who think themselves sick who enrich the doctors.

**Bill.**—"Hey, Jim, I'm almost broke."

Jim.—"So'm I. What shall we do to increase our capital?"

Bill.—"I've an idea. You buy a dozen bottles, and I'll buy a dozen corks, and we'll invent a remedy that will cure all the ills that flesh is heir to."

Jim.—"Have you a receipe?"

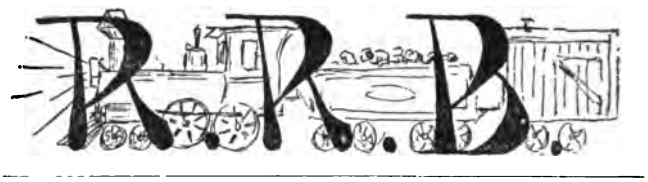
Bill.—"No. We'll invent that, too."

**A New Cure.**—Mrs. Cribber.—What has become of all your Cleopatra jewelry—the asps, snakes, serpents, and things?

Mrs. Bibber.—Hush! Don't let my husband hear you. I have hidden them away.

"Haven't you worn them at all?"

"I wore them once, and the moment my husband saw them he rushed off to a doctor. The next morning he took the pledge. I shan't wear them again unless he backslides."




**The Surgeons** who are in the employ of railways are, as a rule, men of superior abilities (*Ex.*) and extended experience, and many of them have become so impressed with the lack of knowledge of accidental surgery and in the lack of preparations for such emergencies as great railway accidents, when work must be done in haste and often by wholesale, that they have felt impelled to organize surgical associations on their own roads and to join in a general organization of railway surgeons for mutual improvement.

**The Michigan Central** railway has placed in service some new 10-wheel locomotives of interest. One of these, built at the Jackson shops, and now pulling the "limited" weighs 120 tons, including loaded tender. The cylinders are 19x24 inches, drivers 5 feet 10 inches diameter, boiler 5 feet 7 inches diameter. It carries 160 pounds of steam, but can carry 180 pounds. Its height to top of stack is 15 feet. On a recent run 43 miles were made in 45 minutes. The company has 20 of these locomotives in service or under construction.

**A Good Railway Guide,** in which the time tables and other matters of information are carefully corrected down to the latest date, is a useful publication (*Railway Age*), but a pretended guide, the contents of which are stereotyped and seldom if ever changed, is a delusion and a snare, and railway officials should be careful not to give blanket endorsements which may seem to make them responsible for serious errors. The Pacific Coast *Gazette* makes sweeping charges against "the many so-called railway guides published on this coast" which we trust are exaggerations of the truth.

**Railway Girls.**—According to the New York *World* on the New York New Haven & Hartford divisions of the New York & New England road girls form part of every staff on the dining car. The kitchen girls assist the cook. They clean and prepare vegetables and fruits, make salads and dressings, cut bread and turn out butter prints, fill cruets, pitchers, cake baskets and sugar bowls with table supplies, pack and distribute linen and wash and dry dishes. They get $10 and work 10 hours a day, 7 days in the week. At first they are a little unsteady and smash more crockery and waste more supplies in a day than they can pay for in a week, but after they get their train legs on they are invaluable. The cashier sits in the rear end of the dining room, gives out checks, receives the cash, keeps an eye on the passengers and reports at once to the manager any evidence of discomfort or dissatisfaction, and in addition sells cigars and withal manages to read a little, flirt a little and look in the glass a great deal. Cashiers get the same wages as the kitchen girls.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## A Medical Mushroom.

St. Louis is certainly destined to be a medical center if we are to judge by the number of medical colleges which are springing up and which have come into existence within comparatively a few years. There was a time when all the necessities of the occasion seemed to be completely filled by the older and more sedate St. Louis and Missouri Medical Colleges and their younger collaborer, the St. Louis College of Physicians and Surgeons, not to mention the eclectic and homeopathic institutions which were regarded as necessary evils. A new aspirant to collegiate honors, however, appeared in the field in the Beaumont Hospital Medical College and it was supposed that there was an end on't. In the construction of these various institutions some legitimate purpose seemed to sway each one. It was thought that perhaps a hiatus existed which should be filled and an honest endeaver was made to supply the lacuna.

The success achieved by these various colleges fired a certain number of individuals with aspirations, the principal of which was to boost themselves into prominence. Some were successful practitioners, some successful wire-pullers, and some entirely unknown. These individuals were brought into relations with one another and a heterogenous mixture was produced. The result of a thorough churning of all these various elements was a medical college. The artificial heat brought to bear upon this fungous growth caused it to increase in a wonderful degree. It required but inferior pabulum to thrive and it achieved a relative success. A condition not anticipated by many of the more worthy components has become manifest. Everything and everybody must be made entirely subservient to the ambitious efforts of a few—a very few. It is true that they have labored diligently, they have strenuously exerted themselves, they have hesitated at nothing, they have used their utmost, they have put forth all their strength—for themselves. The others have been the puppets in the little play. They have been utilized for the main object, and there are still some so blind, so dull that they cannot see through the little game and still remain satisfied with a mere sop thrown to them with a grudging hand. They are settled with what little brief authority they have been vested in, and labor under the delusion that they are great. So they are, subjectively, whilst objectively they almost verge on the ridiculous.

Some, however, who are supposed to be included within the charmed circle made certain discoveries which led them to ponder, and the more they thought, the more they concluded that action was necessary. They were not individuals with grievances nor chronic "sore-heads," but men successful in practice, with the present assured, and the future looking upon them with smiles and beckoning them on to higher aims and increased prosperity as well as a larger degree of the confidence of the public and of the profession at large. They were men looked up to in medical councils, known in foreign lands, and of established integrity of character everywhere. They were men of force of character who had attained their exalted position not by the aid of fortuitous circumstances, but by earnest, faithful, untiring work which saw the light of day through its own force and not by means of blatant advertising.

This was the material which united its forces to form the Barnes' Medical College. This enterprise is one which bids fair to become a rival to the older and more staid institutions, for the individual work of its component members will be reflected in its own efforts. What

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they have achieved as individuals it will attain as an institution. Slow, earnestly progressive work can alone become permanent, and a promise of this has been foreshadowed in the projected policy of the newest medical college.

Its immediate predecessor, in point of time, started with a great showing. It arrived at its success, and attained its full growth in a day, as it were. Many have predicted its early downfall and the many dissensions which have been made public are but an indication of the numerous internal disturbances which have taken place and which have been discreetly hushed. The work done has not been directed in the proper channels, according to some. An effort, persistent in its nature, has been apparent from the beginning and has only lately become manifest to those principally interested. They are beginning to perceive what every one saw before—that the entire work and labor of all were made subservient to the purposes of the few—the very few. Such a state of affairs can certainly not last for any length of time. A revolutionary spirit is certain to manifest itself and the card-house erected with so much care and trepidation will collapse and its component parts will be scattered by a whirlwind of indignation and fancied and real injuries and wrongs. Such are the indications at present under the conditions imposed by the system which is being pursued. What the final outcome will be, nothing but the future can establish. One thing is certain—it will not be a very long time e'er the decision of the future will be made known, and it may possibly be one adverse to the unhealthy, medical mushroom which has invaded the fertile and productive field of medical education in St. Louis. The life of every fungus is limited in duration. It attains its growth fast, but its life is proportionately short. It does not possess that inherent vitality and stability that lead to the attainment of age. It has no roots and without a deep, firmly set foundation it is but natural that it should soon die.

We are watching this ephemeral vegetation flourishing amid the sturdy oaks and strong, young saplings which are slowly adding to their strength and beauty year by year.

**Medical Society Meetings**, according to the *Times and Register* should be left to the retired physician who has stepped out of the rush and left the work to younger men. He can be useful at these meetings, as he now has time to utilize the materials gathered during his active period, and put them in shape to be of use to others. The college professor in quest of students; the army or navy doctor seeking to vary the monotomy of his official life; the specialist prowling about for cases; the journalist "hustling" for subscribers and "ads"; and the medical politician with his nefarious schemes, together with the medical dilettante, complete the assortment usually found at these gatherings. When a general practitioner who belongs to none of these classes strays in, he is pretty sure to be found occupying a back seat. Whatever of real value is brought out at these assemblages can be gotten from the journals much more easily than at the meetings themselves, without the expense, the loss of practice, and the trouble. So far from being a duty to attend these gatherings the true duty to most physicians is in staying away.

We are afraid that adhering to the above strictly would result in no meetings. The physician dies but never retires, and those who will not take the trouble or undergo the expense of going to meetings rarely read, much less pay for, medical journals.

**Pills in Therapeutics** are among the most frequently used means of administering mixtures as drugs, says the *Hospital Gazette*. Many persons experience a considerable amount of difficulty in swallowing them until years of practice have accustomed the throat to the passage of small hard bodies. A more serious objection is the difficulty of securing an adequate blending of the various substances, with the result that individual pills are by no means certain to contain the various drugs in their nominal proportions. Another disadvantage is their tendency to assume, with the efflux of time, the consistency and insolubility of leaden missiles. We have seen as many as twenty undissolved, and even unsoftened, calomel and opium pills removed, post mortem, from the intestines of a typhoid patient, and in many other instances their purgative action has been due to the mechanical irritation caused by their passage along the intestinal tract along with, but not dissolved in the feces. Had this typhoid patient not succumbed to the fever the pills would probably have carried him off when in the course of time their disintegration set free some forty grains of calomel and twenty of opium. These remarks are suggested by an action recently brought in the York County Court to recover damages from a manufacturing chemist for the loss of several valuable dogs which it was alleged had succumbed to the effect of pills, which, in consequence of some imperfection in their preparation, contained an overdose of strychnine. In spite of evidence strongly pointing to this being the cause of death, the jury gave the defendant the benefit of the doubt as to the poison having been accidentally or deliberately given in some other way.

**A Severe Blow** to the homeopaths was when the Middletown Insane Asylum, New York, passed out of their hands. The Southern *Journal of Homeopthy* says that there is a lesson in this loss that should be heeded. It says: Homeopathy was doing pretty well in New York, and our friends should have been content. But in the mad desire to control somebody and to pull the reins over someone our forces spent their time and efforts in haggling the legislators over an impractical and paternalistic medical law, and while lying awake o'nights over that measure the enemy crept in upon us and stole our asylum. Too much meddlesomeness is

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very apt to result disastrously in any undertaking, and homeopathy can well afford to hold that which she has and guard well against the assaults of the enemy, rather than engage in a warfare for control of the medical affairs of the land in a manner worthy only of the aggrandizing spirit of the old school.

**Medical Colleges** formed the text of an address recently delivered by Dr. Benj. T. Baldwin (Ala. *Med. and Surg. Age*) who stated that the subject of the education of doctors is one of the important problems that this Association has to deal with. From economical and other reasons, most of the applicants in that State for the practice of medicine are graduates of Southern medical colleges. Now, on this subject of colleges, I am going to talk plainly.

It is to be regretted that the position of most of the Southern and Western medical schools is not at all creditable to the profession or the cause of medical education. Their standard of graduation is low, the preliminary requirements amount to nothing, and the time for instruction is entirely too short.

The argument of the Southern and Western colleges, is, that they cannot afford to lengthen the time and require three courses of lectures, because they would lose their students. Better by far lose every student, than to manufacture incompetent doctors and turn them out to prey on the weak and innocent.

If all the colleges would agree to demand a three years' course, however, they would lose none of their attendance.

All of the Eastern and a few of the Western Colleges, have lately entered into a compact to make the course three years and require preliminary examinations.

Why cannot our Southern schools do likewise? I think it is the duty of this Association to reiterate every year its firm conviction in the necessity for higher medical education, and to exert its influence to persuade all Southern schools, at least, to adopt the three years' course with preliminary examinations.

**Fees** are commented upon by the *Maritime Medical News* in the following manner: It is an undoubted fact that the readiness with which a patient pays a fee is influenced considerably by the manner in which the doctor names it.

A doubtful hesitating statement that the fee will be "well, about $4.00" will lead the patient to think that he may get off with $3.00 or less. Even the statement "that the usual fee is $5.00, but I don't want to be hard on you, will call it $3.00" is not very wise. The short, but polite, curt, "$5.00 please" will, if there is money there, bring it almost every time and encourage a conviction that the services are worth that, because the doctor seems so sure of it himself.

**The Gynecological World,** according to Dr. C. D. Palmer (*Med. and Surg. Rep.*), has had its craze for cervical splitting, its trachelorraphy craze, its pessary craze, and now it is having its tube craze. We need but a few years for the Fallopian craze to settle down on a more rational basis. A more clear and thorough elucidation of the diagnostic signs of pregnancy, intra- and extra-uterine, has occurred in recent years. A recognition of early pregnancy, depends usually, not on one symptom, or group of symptoms, but on a painstaking analysis of the sum total of evidence in a given case. The most conclusive evidence is found within the pelvis, in the size, the shape, and the consistency of the uterus and surroundings; no sign, but the collective evidence of all signs being considered. Many mistakes in the diagnosis of pregnancy are avoidably and unavoidably made. It would be well to suspect the possible existence or co-existence of pregnancy in every female we are examining who is from ten to fifty-five years of age.

**Newspaper Articles** continue to occupy the attention of the medical press. Among the latest is the following from the Toledo *Medical Compend*: Much may be said concerning the publication of medical articles in the secular press. Much good may result therefrom, but the author must have a sufficient sense of propriety to bring the subject to the front, and the individual lost to view. If the person is the prominent portion of the article it is simply an advertisement, and should be paid for as all others are. In times of epidemics or other calamities, the physician may be justified in giving advice to the public so that they may be informed as to the best course to pursue, but when no great demand exists it is questionable whether he should ever appear in such prints dealing with medical subjects.

**Tne Railway Surgeons** have a champion in the *Railway Age* which says in a recent issue: The hair pulling and the wire working at the recent meeting of the American Medical Association were beneath the dignity of the representative medical men, such as compose it, and we hope that radical measures will be taken at an early date to suppress such displays of medical politics. If the code of ethics and the constitution and by-laws of the Association, which seems to be the bone of contention, are objectionable to the majority, let them be amended to suit the majority. If they are not then let the minority be, American and submit to the majority. At all events, while they have a constitution and by-laws they should abide by them until they are amended. Anything short of this is simply anarchical and suicidal to the prosperity and interest of the Association and should be discountenanced by all fair-minded members of the Association.

We thank a cotemporary for the proper estimation he places on our Association and the kind and well-meant invitation to make it a section of the American Medical Association, but, inasmuch, as the National Association of Railway Surgeons is a peaceful body they

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would beg to be excused from becoming a section of the American Medical Association until the latter has rid itself of the internal dissensions and strife which threaten its continued existence. The National Asso ciation of Railway Surgeons was organized for scientific business only, and as an association knows nothing about medical legislation, clans or cliques, and the calamities they are liable to engender in any organization. From what we saw and heard at the Detroit meeting we are sure they do not wish to learn "the ways that are dark and the tricks that are vain" for which the American Medical Association has recently become very peculiar.

**The Influence of Incubators** and "Gavage" on the mortality of the newborn is spoken of in the *Lancet*. At the Paris Maternity there are born annually an average of 400 infants before term. As may be imagined, the mortality amongst this premature addition to the infant population was very great before the introduction of the system of incubation combined with "gavage." The beneficent effect of this system may be gathered from the perusal of the following figures: Mortality in the ante-incubator period: Infants born in the sixth month, 100 per cent; at six months and a half, 78.5 per cent; at seven months, 61 per cent; at seven months and a half, 46 per cent; at eight months, 22 per cent; at eight months and a half, 12 per cent. The incubator and "gavage" have converted these figures into 84, 63.4, 50.2, 23, 11.2, and 4 per cent respectively. Comment is superfluous. It is, however, only right to recall the predominant part taken by Professor Tarnier in popularising this method of saving to the world a not inconsiderable number of human beings who would, under the old regime, have had hardly the time to make their bow to the family circle before quitting it forever.

**The Microbe** is literally, as well as figuratively, in every body's mouth, says Dr. S. S. Smythe (*Med. Cur*). Men, women and children, talk of it as of the most familiar things of life. The popular impression prevails that the microbe is the natural enemy of mankind; that it lurks in hidden places ready to attack and destroy us whenever opportunity offers, and that we are powerless in the presence of an invisible and undiscoverable foe. These erroneous impressions have grown out of the fact that the allopathic(!)school has universally accepted and adopted the microbial theory of disease, and has taught the people to believe that the infinitesimal little microbe is the cause of all our ills (*sic*). There has been created in the minds of men a feeling of alarm and apprehension, which is unfounded and wholly uncalled for, and which is not supported either by fact or experience.

The science of microbes is of comparatively recent date and is essentially a French science. The original microbes were of French extraction, and we are indebted to the genius and labors of Pasteur for a correct and definite understanding of these wonderful little organisms which pervade the world and all it contains, even to the most hidden recesses of our own bodies. The word microbe was coined to meet an emergency. When the French scientists were quarreling over the question as the whether the little micro-organisms were animals or plants—a point hotly contested at the time—a wise Frenchman suggested, as a compromise, that the word "microbe" be used, meaning simply, "a little living thing." While this settled nothing as to the merits of the dispute, it allayed the contest and the word was accepted by all, and was subsequently adopted into the French language as a general term designating all the myriads of micro-organisms found in the realm of animals and plants.

**A Model to Imitate** are the words in which the editor of the *Medical Record* puts it and he goes on to say that there are a great many peculiarities reported of men of genius. Sir Isaac Newton was a vegetarian; General "Stonewall" Jackson thought one side of his body was heavier than the other, and always carried a weight in his pocket; Schopenhauer played the guitar; Erasmus would not eat fish, and Dr. Johnson never took a walk without touching the lamp-posts. But we learn that the peculiarity of Mr. Gladstone's greatness is more curious and subtle than that of any of his predecessors. Every bolus of food which he takes is chewed thirty-two times! Why thirty-two instead of thirty-nine, which is the number of the Articles, or thirty, which is the number of the days of the month, or some other number which has a specific significance, has not been explained. Perhaps some time the Grand Old Man will leave his Homeric and Celtic studies for an elucidation of these more serious problems.

We are, however, not disposed to quarrel with thirty two. It is a good number, and one which ought to secure thoroughly pultaceous mastication, and a completely saturated insalivation, besides exercising the masseters, temporals, external and internal pterygoids, and securing time for a pleasing gratification of the sense of taste.

There are a great many things making up the admirable character of Mr. Gladstone which cannot be imitated, however desirable that might be. But his two-and-thirty method of mastication can be followed, and would have important influences upon the health and happiness of Americans, if it were done. Dyspepsia, biliousness, headaches, neurasthenia, insanity, and bad temper would decrease, and perhaps disappear. We commend the method of operation upon the food bolus adopted by Mr. Gladstone.

**A Liberal Offer.**—The MEDICAL REVIEW will be sent to non subscribers for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

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**Infection of Human Being with Glanders.**—It is beyond all possibility of doubt that glanders can be communicated by a diseased horse to a human being as easily as rabies can be communicated by a dog, says an exchange. The instances in which the fact has been observed are too numerous to be questioned.

The London *Lancet* mentions one case, in which a Mr. Norbrook punctured a blister on his own knee with a lance which he had previously used in bleeding a horse. The horse proved to have been glandered, and the lance had not been perfectly cleansed after the bleeding; the unfortunate man was inoculated with the disease, and died a dreadful death.

A young man who had always enjoyed good health was admitted to Richmond Hospital with the characteristic symptoms of glanders; the left half of his face was terribly swollen; the skin was tense and shining; the bright red of the swollen part faded away gradually until it was lost in the ordinary color of the surrounding parts. On being questioned, he said that he had been employed for several months in attending horses that were glandered. In ten days he was dead.

A medical student at the hospital of Necker was called to dress a patient who had been affected first with chronic farcy and subsequently with acute glanders. The patient died, of course. In a few days the student himself exhibited symptoms of the disease, and died in agony sixteen days after the symptoms appeared.

Sidon, the celebrated French veterinary surgeon, mentioned a case in which a man who had a glandered sore communicated the disease to a horse to which he was giving medicine. The horse and the man both died.

There is good reason to believe that human beings may contract glanders by infection as well as by direct contagion. Thus Sidon tells of a groom, called Provost, who slept in a stable occupied by a glandered horse. It did not appear that he had touched the horse, but soon after the horse was dead, Provost sickened and died of glanders.

**Oxalic Acid and Rheumatism.**—Dr. Talbot Jones is inclined to regard oxalic acid or other acids than lactic as a cause of rheumatism. He describes a case (*N. W. Lancet.*) as follows:. In a large manufacturing establishment in this city, where blueing is made, a young Irishman, 24 years old, was employed. The patient had always enjoyed excellent health until he entered this house, and was one of 13 brothers and sisters all of whom were healthy. His duty in the house was to make blueing. To one barrel of liquid 12 lbs. of oxalic acid was added. He kept his hands and forearms up to his elbows immersed in this solution for 10 hours each day, meanwhile stirring the solution with his hands. He soon developed a typical articular rheumatism involving several of the large joints, and had pyrexia, pain, acid perspiration, etc. He treated himself for awhile with a proprietary preparation of sarsaparilla, and was in a wretched state of health when first seen by me. The disease, however, soon yielded to large doses of salicylate of sodium. One year subsequently he presented himself to me for examination for life insurance. I found some hypertrophy of the left ventricle and a well-marked aortic systolic murmur. Being transferred to a different department in the house he has had no recurrence of his rheumatism. His successor, a boy 18 years old, who had a good personal and family history made blueing in the same manner as his predecessor and like him has his hands and forearms immersed in the mixture daily for ten hours. In one week he developed a moderately severe case of rheumatism which involved the knees and one elbow, but not the endocardium. The disease was obstinate and the boy left the store disabled. He was succeeded by two other boys, younger, both of whom had good family health records, who had never had rheumatism, but they now both developed the disease, and became temporarily disabled. I did not examine the hearts of the last two patients, as they were not directly under my care, so I am ignorant as to whether or not the endocardium of either was involved. In treating the first two cases it never occurred to me that a possible cause for the rheumatism was oxalic acid; but when four cases occurred in such quick succession my suspicions were aroused, which I communicated to the proprietor, suggesting that the blueing hereafter should be stirred with a ladle instead of the hands. The suggestion was adopted, since which time no other employees have had rheumatism. The blueing was manufactured in a basement which was somewhat damp, but I was informed that no other workman in the basement had ever contracted rheumatism, save those whose hands and arms had been immersed in the oxalic acid solution.

If we accept the causal relation between this acid and acute articular rheumatism, it involves the acceptance of two other propositions not ordinarily held by the medical profession: firsr, that other acids than lactic may cause articular rheumatism; second, that, contrary to ordinary teaching, the human skin is capable of more or less absorption when long in contact with a liquid solution.

**Cremasteric Reflex in Varicocele.**—Dr. Theo. A. McGraw contributes quite a lengthy paper on this subject (*Jour. Am. Med. Ass'n.*). To conclude with the summary of his paper, he says:

1. That the pathology of varicocele is variable, cases differing from one another both as regards causes and pathological conditions.

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2. In one group of cases, the fault lies in the walls of the veins which have become weakened either by injury or from congenital or acquired disease. In this group, the cremasteric reflex may be altogether normal.

3. In another class of cases, the primary diseases involve either the cremaster or the nervous mechanism by which it is controlled. The muscle may be congenitally defective in volume, or abnormal in position, or it may be entirely wanting, or, on the other hand, it may be either temporarily or permanently paralyzed. Whatever the nature of the original affection, these cases are marked by a deficiency in the cremasteric reflex, which in some cases may be altogether wanting, and in others, very weak and uncertain. As the greater proportion of varicocele shows this symptom, it is fair to conclude that the majority of varicoceles are due to affections of the cremaster. It is important that the whole subject should be studied anew, in the light of pathological anatomy, and it will be well for those who are so fortunate as to secure autopsies in persons so afflicted to bear the matter in mind.

**Treatment of Stammering.**—Dr. Alonzo Bryan gives the following (*Phys. and Surg.*): The treatment of stammering, carried out intelligently, should usually be successful. A large number of the cases, if wholly uninterfered with, have a tendency to spontaneous recovery. This is especially true of young children who have acquired the impediment of speech by unconscious imitation. Indeed, the plan of total non-interference should be adopted in treating all young children who stammer. Ridiculing or forbidding the difficulty, or even attempting to benignly educate them out of it, only unfortunately infixes it. The child should be placed in circumstances of absolute freedom of general growth, physically and mentally, and, by such a course, in the vast majority of cases the trouble will gradually disappear. It seems exceedingly probable that temperature and climate have their influence. A warm climate enhances recovery by increasing the velocity of nervous conduction. The self-confidence of the child should be cultivated. It should be taught to the fullest extent consentaneous motion, as practiced in dancing and calisthenic exercises. It should be taught music, another highly consentaneous exercise. It should be removed from all opportunity to imitate another stammerer. The whole mental nature of the child should be incited to equable activity.

The intelligent adult stammerer should be thoroughly apprised of the nature of his difficulty, both as to general principle and as to detail. He should be thoroughly drilled in elementary articulation, and in all modes of motion requiring consentaneous action. His general culture should be carried on to an extreme extent. Finally the highest nerve centers will get the mastery of those lower ones that are immediately concerned in utterance, and will teach them a right automatic function. To do all this requires a high form of will on the part of the patient.

Those who belong to the more lowly class, intellectually, are difficult to treat. They make very imperfect spontaneous recoveries, for the obvious reason that the higher brain is weak. When special and conscious treatment is applied, the moderate intellect and will of the sufferer only feebly and inefficiently co-operate in the effort at restoration attempted by the intelligent physician. They are benefited by much society among equals.

Intelligent sufferers from stammering should be cured, if possible, as the disastrous modification which the constant embarrassment that the impediment of speech induces, is mortifying and sad, veiling and rendering a naturally exalted intellect quite abject. Especially is the evil effect of stammering seen in the greatest degree in the cases of those who are of high mental endowments, and have, still, not wealth or high station to act for them as powerful collateral adjuvants.

**Effects of Pneumonia on the Kidneys.**—Dr. I. M. Danforth gives the following as his conclusions (Chicago *Medical Recorder*) on the ultimate effects of pneumonia on the kidneys:

1. Pneumonia may, and generally does, produce some degree of hyperemia of the kidney; the amount of hyperemia depending partly upon the area of lung involved and partly upon the temperature of the patient.

2. Albuminuria is frequently present in pneumonia, beginning in the early stage, and continuing until defervescence is established, when it generally disappears.

3. Hyaline tube casts are not uncommon in pneumonia, but they are likely to be small, few in number, and destitute of morphological elements, and are therefore likely to escape notice.

4. The albuminuria of pneumonia may persist, and become the starting point of chronic nephritis.

5. In many cases, chronic interstitial nephritis antedates the pneumonic attack.

6. Experience shows that renal congestion, as demonstrated by albuminuria and tube-casts, may occur in any and every case of pneumonia; therefore the usual methods of diagnosis of renal lesions should be employed in every case of pneumonic invasion.

7. There are no characteristic or constant ulterior effects produced by pneumonia upon the kidneys; but if any such effects fellow, the most likely lesion is chronic parenchymatous or tubal nephritis.

**Surgery and Rhinology.**—Dr. Geo. Thomas concludes (Maryland *Med. Journ.*) that by local anæsthetics, astringents, stimulants, alteratives, antiseptics, deodorizers, cleansing and protectives, we can prevent, abort and hasten resolution in acute disorders; relieve temporary the local and reflex symptoms of chronic conditions; and add material and indispensable aid to surgery. In conclusion he wishes to present the deductions to be drawn from this cursory review of the indications for treatment in nasal disease:

1. That no diagnosis can be reached, and no course of

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treatment should be suggested before a thorough examination of the nasal cavity and its accessory sinuses has been made.

2. That local medication is never curative in chronic disorders.

3. That the same rational principles that lead to the discovery of the cause of disease, its prevention or its removal, should be applied in this department of medicine.

4. That the cause and essential lesions in chronic nasal disease can only be remedied by surgical treatment.

5. That nasal disease is as curable as other conditions where surgery is indicated.

6. That rhinology is distinctly a branch of surgery.

**Tuberculocidin.**—As our readers are well aware, Prof. Klebs, of Zurich, introduced tuberculocidin which is purified tuberculin. The reports upon the action of the product have been highly satisfactory. It is claimed that the bad effects of the lymph have been entirely eliminated and that much better results are obtained. Dr. George W. Rachel, supervising physician of St. Mark's Hospital, New York, has been using tuberculocidin in cases of phthisis with the greatest success. He states that, in pulmonary phthisis, it has the effect of diminishing the cough and night sweats in a very short time, and in a few weeks marked changes for the better are apparent, in every respect. He expresses great hopes of obtaining cures, as the results, so far obtained, justify him in his belief. The improvement which he has noted is certainly remarkable and this is expected to continue.

**Ovariotomy in Old Age.**—Dr. John Homans, of Boston says: In the *British Medical Journal* for April 23, 1892, Dr. Edis reports a case of ovariotomy in a patient aged 81 as the oldest on record.

By turning to the *British Medical Journal* for July 14, 1888, page 86, he will find a reference to a case in which the patient was 82, or to be more exact, 82 years and 4 months old. This is not an important matter, but it is interesting, and if you will kindly give this correction space in the *British Medical Journal* I shall feel much obliged. By a letter just received, I learn that my patient is still living and in excellent health, four years and four months after her operation.

**Summer Diarrheas of Children.**—Dr. W. L. Beebe speaks of this in the *Northwestern Lancet*. He says that under the head of medicinal treatment, the first thing demanding attention is the emptying of the stomach and intestines of the fermenting substances, either by purgatives, or irritation, or both.

My habit is to administer a combination of aromatic syrup of rhubarb, castor oil and glycerin in equal parts; thus getting the secondary astringent effect of the rhubarb and oil, and at the same time to commence intestinal irrigation.

A favorite prescription combines small doses of carbolic acid (¼ to ½ gtt.) with larger doses of sub-nitrate of bismuth (10 to 20 grs.). I not unfrequently give 1-12 gr. doses of calomel with the bismuth.

When an opiate is deemed necessary, the camphorated tincture of opium is one of the most serviceable.

But I might say that I think a vast deal too much opium is administered in these diseases.

At times tincture of opium and starch water injections work very nicely, where the trouble is affecting the lower bowel, causing tenesmus.

**Thiol in Skin Diseases.**—In an article on thiol (*Notes on New Remedies*) it is stated that some forms of skin diseases, especially those classified as moist inflammatory, are most successfully treated by thiolum siccum as a dusting powder, either alone or diluted with starch, thus:

℞ Thioli sicci pulv., - - - ℥j.
Amyli tritici., - - - ℥iv.
M. f. pulv.
Sig. Dusting powder.

When the application of the liquid thiol per se is not suitable it is diluted either with water or glycerine, according to the formulæ,

℞ Thioli liquidi., - - - - - ℥j.
Glycerini, - - - - - ℥ix.
M. f. glycerina.
℞ Thioli liquidi, - - - ℥j to ℥iv.
Aquæ destillat, - - ℥iv to ℥j.
M. f. pigment.

In the treatment of skin diseases characterized by the formation of indurated epidermis which resists the action of ordinary applications, compresses of thiol solution (especially as the so-called Priessnitz compress) are often effective in bringing about a resolution of the diseased structures. The following formula shows the limits within which the strength of the solutions used in this way has been varied:

℞ Thioli liquidi, - - - ℥j to ℥iv.
Aquæ destillat, - - - ad ℥xx.
M. f. solutio.

**Ringworm of Scalp.**—In the treatment of ringworm of the scalp, Dr. Henry W. Stelwagon said (*Col. and Clin. Rec.*) that removal of the hair in the affected area will shorten the time at least one-third of that otherwise required to cure the disease. Chrysarobin and corrosive sublimate are the best remedies in the treatment, and possibly of the two the better is the solution of bichleride of mercury, as chrysarobin may get into the patient's eyes and set up a conjunctivitus, unless great care is exercised in its use.

**A New, Safe Method of Administering Toxic Medicaments.**—Not a few alkaloidal principles of drugs have been isolated, and are now frequently prescribed. The conservative element of the profession have, however, in view of the toxicity of

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certain medicinal principles, and the acknowledged variety of strength and activity of products of this character of different manufacture, been loath to employ them when indicated.

The doses sometimes being fractions of a thousandth or a hundredth, it is not possible for the physician to always bear them in mind, and in prescribing he is often in doubt as to what constitutes the proper therapeutical dose, and what the dangerous toxic one.

Dr. E. Trouette, in a paper read before the Paris Academy of Medicine, and published in the *Revue de Therapeutique*, entitled "Duodecimal Doses of Toxic Medicaments," proposes a method of obviating the difficulties hitherto preventing the general use of many valuable medicinal principles. The plan he proposes is a new method of posology based on the rational division into twelve parts of the maximum dose which may be given to an adult in twenty-four hours.

The advantages claimed for this method are, first, accidental poisoning need no longer be feared. Second, dangerous medicaments may from the outset be given in efficient dose without the least risk.

Parke, Davis & Co. have prepared diurnules and Diurnal Tablet Triturates of a large number of Toxic Medicaments, and will afford the profession full information concerning this new method of posology with reprint of Dr. Trouette's article.

**Treatment of Nasal Catarrh.**—Dr. Geo. G. Shoemaker says *inter alia* (Pittsburgh *Med. Rev.*): If the patient is seen every two or three days, the crusts can be removed with a cotton-wrapped probe, and this, followed by an alkaline solution, generally, suffices. Of solutions there is none better than the modified Dobell, the formula of which is:

℞ Sodii bicarbonatis,
Sodii boratis, - - - - - aa ʒj.
Acidi carbolici, - - - - gtt.xv.
Glycerini, - - - - - ʒj.
Aquæ, - - - - - ʒiv.
M.

To this is added enough water to make one quart of solution ready for use. It is free from all objections and is at once cheap and efficient. In atrophic rhinitis he gives the patient four ounces of Dobell, full strength, directing the addition of enough soft water to make a quart and allow its use two or three times a day, following with a mixture of menthol, eucalyptol and thymol in a hydrocarbon solvent. This last he also uses in spray after the use of the actual cautery. The eucalyptol and menthol are stimulating and the thymol is antiseptic. In considering the surgery of the upper respiratory passages it is well to bear in mind a few general rules. The one advanced by Bosworth, that anything in the nasal passages that can be encircled by the loop of the snare is abnormal and can be safely removed; while true enough, this is harmful if carried on in every case. Dr. Ralph Seiss, in the *University Medical Magazine*, warns against the indiscriminate employment of surgical methods, claiming, and with more than a show of reason, that the traumatism following cutting, burning, or crushing operations is often productive of new growths more annoying than the original.

**Fractures of Femur.**—Dr. J. W. Marsel gives the following differential diagnosis (*Ind. Med. Jour.*):

| UNIMPACTED. (INTRA-CAPSULAR.) | IMPACTED. (INTRA-CAPSULAR AND MIXED.) |
|---|---|
| **AGE OF PATIENT.** | |
| Generally over sixty. May occur much earlier. | Generally under sixty-five. May occur much later. |
| **HISTORY OF ACCIDENT.** | |
| Force usually comparatively slight, and applied at right angles to neck. But patient may fall violently after bone is fractured. | Force usually comparatively great, and applied to trochanter. |
| **EVERSION.** | |
| Eversion marked, but may be easily overcome. In making inversion trochanter does not rise much. | Eversion marked. Resists inversion gently made. When foot is inverted trochanter rises markedly. |
| **SHORTENING.** | |
| Variable in amount. Generally increases from day to day Can be increased or diminished by moderate force. | Almost invariably, about three-fourths of an inch. Constant unless impaction is broken up. Can not be increased or lessened by moderate force. |
| **SCARPA'S SPACE.** | |
| Normal. | May show slight fulness at other side. With presence of bony projection |
| **HIP.** | |
| Hip flattened. | Hip full and rounded. |
| **TROCHANTER.** | |
| May or may not be too near crest of ileum. Distance from crest may be increased or diminished at will. Trochanter nearer median line, and upper lip less prominent than normal. Trochanter normal size and not tender to touch. | Half an inch to one inch too near iliac crest. Position constant. Too prominent, giving "square shouldered" aspect. Trochanter further from median line, and upper lip more prominent than normal. Its antero-posterior diameter is increased, and marked tenderness is developed on slight pressure. |

**Tuberculosis of Bone.**—In a paper on this subject (*Lancet-Clinic*), Dr. N. P. Dandridge says among other things: With more confidence, and with a larger experience, I can recommend free incision of tubercular abscess, whether directly connected with diseased bone or not. The incision should be free enough to lay bare the entire cavity, so that the walls can be thoroughly scraped and all diseased tissue removed with curette scissors or knife. The cavity is then to be thoroughly flushed out with a bichloride solution or hot sterilized water. Bleeding may be checked by packing with iodoform sterilized gauze. The cavity is then filled with the iodoform emulsion and sewed up tight, the emulsion being largely squeezed out, or a drainage-tube may be inserted. When this is done the tube should be removed in a short time. The dressing should be so arranged as to make even and firm pressure over the seat of operation, so as to bring into contact the walls of the wound.

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Increasing confidence is being felt in treating these cases without drainage entirely, complete and satisfactory healing is much more often obtained, and persistent fistula less often left behind, than when a drainage tube is used, provided, of course, the operation has been so thorough as to completely destroy all tubercular tissue.

These operations must be conducted with thorough antiseptic precautions, from fear of septic infection, and the destruction of the tubercular tissue should be complete, lest a rapid reinfection of the wound surface or recent cicatrix ensue from diseased tissue left behind, or even a general tuberculosis. Extensive involvement of the wound region is not an infrequent sequel to these operations.

It is evident that the tubercular abscesses, associated with the different bones, differ greatly in the facility and efficacy with which the direction above given can be carried out.

**Physiological Importance of the Thyroid Gland.**—Dr. Raimondo Canizzaro, concluding from numerous experiments which he carried out in the pathological institute of Catania (Italy), and a report of which has been published in the *Deutsche Medicinische Wochenschrift*, gives the following statement of conclusions (*Ex.*):

1. The thyroid gland produces a substance the presence of which in the system is necessary for the physiological action of the nervous system.

2. Said substance must be present in the blood of all animals, and is found to be deficient only in the blood of animals dying after extirpation of the thyroid.

4. Besides the thyroid, animals do certainly possess other organs which fulfill the same physiological mission.

4. The special product of the thyroid seems to be present not alone in the blood, but also—in vastly smaller amount—in the gray substance of the brain.

5. Bromide of potassium seems to have on the ganglionic cells an action seemingly corresponding to that effected by the active principle generated in the thyroid.

**Removal of Adnexa in Hystero-Epilepsy.**—Dr. H. J. Boldt speaks as follows on this subject (*Am. Gyn. Jour.*):

I would form as an indication for removal of the adnexa, for the cure or improvement of hystero epilepsy, that all other treatment generally used for the relief of epilepsy has been negative in result; that the patient's condition has gradually become worse; that such pathological changes exist in the pelvis, *i. e.*, adnexa, which can be readily ascertained, and that the epileptoid fits must obviously be found to have some connection with such diseased condition and menstruation. If the operation is contemplated in a case where the appendages are not grossly diseased, I deem it necessary that there should be epileptoid fits at times upon palpation of the ovaries, and invariably the manifestations of an attack when such palpation is made; that the seizures should be most intense about the menstrual period; that if an aura exists it should proceed from the ovarian region; that all other causes must be positively eliminated; that the patient must have been under observation under a very experienced observer to determine this, and that she should have been under the care of a neurologist or seen by him in consultation.

Never is it permissible to do an operation of this kind without first clearly stating to the patient in the presence of witnesses what the results will be and of what the operation consists, and also the fact that there is a possibility of the operation being a failure for the condition for which it is undertaken, if it be done solely for the cure of the hystero-epilepsy.

The operation should never be done unless sanctioned by an experienced gynecologist who has himself observed the patient sufficiently long to arrive at a conclusion, which cannot be done in one, two or three consultations; neither should it ever be performed by any one who is not an experienced abdominal surgeon.

Even the most experienced will sometimes err in the result of their opinion; it is therefor that I demand such great amount of care in this operation for this nervous disease. These requisites hold good also for all neurotic conditions for which removal of the adnexa is contemplated.

The removal of the adnexa may be accomplished either per vaginam or by abdominal section, according to the respective case.

My opinion then is, that we know nothing positive about what the result will be in any case. I only maintain that the operation is justifiable in some cases.

**Imperforate Anus: Successful Operation on the Twentieth Day.**—Mr. J. F. Holloway reports the following (*Brit. Med. Jour.*): A. P., a girl, was first seen on the fourth day. She took the breast well, but was very sick, and the bowels had not been opened. The anal cavity was found to be ½ inch long. No bulging or fluctuation could be felt. Operation was refused. The infant was not seen again till the twentieth day. She had grown slightly, and seemed stronger than on the fourth day. She had taken the breast well, being sick three or four times a day. The abdomen was not much distended. Under chloroform ill-defined fluctuation was felt to the back and towards the left. An incision was made up and back with a fine curved bistoury through very tough fibrous tissue. On fecal matter appearing closed dressing forceps were passed and removed open with some difficulty. A large quantity of bright yellow fecal matter. Four inches of large india rubber tube was introduced, and secured with silk and strapping. The child did very well, is now six months old, and of very fair size. An instrument for dilating the stricture has been passed occasionally. This child would apparently have lived some time longer without operation. All the meconium had disappeared, having probably been vomited.

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## Philadelphia Letter.

Editor MEDICAL REVIEW.—The present buildings of the Philadelphia Hospital were completed in 1835. They are located on the west side of the Schuylkill River at 34th and Pine Streets. The buildings are four in number built of stone and surrounding a hollow square. There is quite a large open space between the ends of the buildings. Each building is three and one-half stories in height. The main building, which is to the south of the quadrangle, is 521 feet long by 60 wide. Its central portion contains the offices of administration, the living apartments of the Superintendent and the dining room of the resident physicians. The attic or half story is used as a sleeping apartment for the sub officer's and superintendent's servants. The portions to the east and west of the center are occupied by the male paupers or outwarders.

The eastern building bounding the square contains most of the departments of the Philadelphia Hospital. The first floor of the center is occupied by the woman's surgical, skin, eye, and men's surgical wards, and the Protestant Episcopal Chapel. In the yard east of the center and connected with it by a covered hall way is the clinical lecture room. The first floor at the northern end of this eastern building is occupied by the medical library, chief resident physician's offices and the nurses' dining room. The brick building east of this wing is the general kitchen for the Hospital and the special diet kitchen. The first floor at the southern end of this building contains the offices, recitation room and parlors of the nurses home and, in the rear, the drug department. In the second story north are the female medical wards, in the center the men's venereal and skin wards and in the south the nurses' dormitories. The third floor and north contains the men's medical wards; south the infirmary and dormitories for nurses. The attic is occupied by the attendants and convalescent patients from the men's medical. The northern building is occupied in its central portion by the rooms and offices of matrons of the women's outwards, the private apartments of the temporary residents. West of the center is the female pauper department or women's outwards, the eastern part containing the women's nervous, obstetrical, gynecological and women's venereal wards.

The building to the west of the square is the main building of the Insane department. It is 298 feet long by 63 feet wide. From each end of this building extends a wing which is 237 feet long by 48 feet wide. The central portion contains the parlors in which patients receive visitors, the department offices, the physician's rooms, the sewing room, and on the third floor a large amusement hall. The northern wing is occupied by the female insane, the southern by the male. The men's eye and nervous wards are in four brick buildings southeast of the eastern building. Three of these buildings contain two wards, the third one of which is used as a dining room. One of the six remaining contains the eye patients, the others the nervous. On the opposite side of the clinic roadway and entirely isolated are two one-story brick buildings with porticos. They are 60x30 feet and are used as maternity wards.

Northeast of the northern building is the general laundry building and in its rear two pathological buildings. One is used as a museum, the other contains a room for receiving the dead, an autopsy room and a bacteriological department. In the center of the hollow square are located the engine and boiler rooms for generating the steam that heats the buildings, the electric light plant, the supply storehouse, the manufacturing department and the men's outward kitchen.

The average daily population of the entire institution is about 3,000. About 1,000 forms the average daily hospital census, 900 the insane, the men's and women's outwards making up the balance.

In the medical wards, which have no superior in any hospital in this country, there were treated during the year 1890, thirty-eight hundred and thirty-one cases. These represented about 200 varieties of acute and chronic disease. These wards are especially rich in diseases of the heart and lungs.

The surgical wards do not furnish much acute surgery but are very rich in cases of chronic disease which are often all of much more value to the student of general medicine. The yearly average of cases is about 1,200.

I remember when a resident physician in the Philadelphia Hospital a few years ago, hearing Mr. Ferrier remark as he was passing through the nervous wards with Dr. Mills, that next to Charcot's in Paris, these were, in character and quantity of material and the control had of it, the finest nervous wards in the world. They contain 285 beds which are always full and treat each year about 650 cases.

There are between 700 and 800 cases treated in the venereal wards annually. In fact, the Hospital is noted for its richness in this department.

The eye and skin wards furnish a goodly number of interesting cases. The gynecological department is proportionately inferior to the others. The annual average of births in the maternity wards is between 150 and 175 This makes a very good service.

The twenty-one beds in the children's department, which are constantly filled, furnish a goodly number of the diseases of children.

There were 836 cases of alcoholism treated in the wards for inebriates during one year.

There are twenty-three resident physicians—one chief resident (permanent) and two permanent residents in the insane department. The twenty transient residents, appointed by competitive examination, have their terms

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of service so arranged as to give them a period of service in each of the different departments. The length of service is fifteen months; sixteen residents are appointed each year, four coming on duty at the termination of each three months in the order of grading in the examination. The medical staff has thirty-six members, eight physicians, four on duty half the year, eight surgeons, four on duty half the year, eight obstetricians, two serve for three months, four neurologists, two for half the year, two ophthalmologists with half-year terms, two dermatologists, serving one-half year each, two laryngologists, serving one-half year each, one bacteriologist and one pathologist.

The pathological department is one of the features of the Hospital. There were 718 deaths in 1890. Autopsies were made on 210 of these bodies. I have witnessed as many as eight post-mortem examinations in the autopsy room in a single day. This department was a favorite resort of Osler's during the years of his connection with the University of Pennsylvania.

The Philadelphia Hospital Training School for Nurses is one of the oldest and best in the country. It was established in 1884 by Miss Alice Fisher, assisted by Miss Edith Horner who had labored with her in several hospitals in England. After Miss Fisher's death in June, 1888, Miss Marion E. Smith, who had served one year under Miss Fisher in the Birmingham General Hospital and was one of the first graduates of the Philadelphia Hospital Training School, was appointed as her successor. Under her competent management the school continues to retain the high standard of excellence that has always attended it.

The number of nurses in the school at present is 124. Its graduates are in great demand. A number of the prominent hospitals of the country are in charge of graduates from this school.

It does not seem surprising, when one considers the unequalled opportunities presented by this Hospital for the study of all varieties of disease, that the annual appointment examinations are taken by from fifty to sixty men.

## New Orleans Letter.

Editor MEDICAL REVIEW.—

MULTUM IN PARVO—NOT HOMEOPATHIC DOSES.—In submitting an initial letter to the readers of the spicy REVIEW, from the southern limits of creation, I crave indulgence at the outset for dealing in generalities instead of medical facts. New Orleans is blessed (?) with a physician, surgeon and obstetrician to every block and consequently ranks in the advance row of science—*vide* the local medical journal. Our medical luminaries just now are contenting themselves with administering quinia for malarial troubles prevalent in a mild state for some weeks; prescribing bismuth or prepared chalk for infantile troubles or amusing themselves over the possible prognosis of the trouble between the Charity Hospital administration and the Polyclinic. For the information of the profession, who are not aware of the fact we have a stupendous charity hospital with side clinics, open to the world, and at the expense of many a thorough practitioner (the clinic is open to any one), those well able to produce a consultation fee being conspicuous by attendance. The latest report published states that the line of demarcation between princes and paupers is soon to be drawn,—this is promised annually. However, the Polyclinic, a year or so old, desires the use of the wards for its classes, has gone to the Legislature to press its claims, while the Hospital forces are antagonistic. So the fight stands, seemingly the "boys," who have a good thing, object to dividing the pudding. The measures and methods of practice in New Orleans, and the immediate vicinity are a subject fit for investigation by the American Medical Association, for it has been on a par with a second-handed clothing store for lo! these many years. Imagine real, diploma doctors, quarreling over securing the position to a Society of several hundred members at $75 per annum, and druggists buying up a committee to secure that end of the contract. Now and then, the doctors—who got left—argue upon the necessity of organizing for protection. Some months ago a "Society for the Prevention of Cruelty to Doctors" was mooted and names subscribed. At the first session the "contract system" came up, and like the fellow who had raised a red-hot stove, they would not let the system go, and the S. P. C. D. never met again. Futile is legislation on the subject of quackery, and until six years ago anyone could practice in Louisiana. Now the requisite is —— registering a diploma.

The latest emeute professionally is the ventilation State quarantine officer, Dr. Wilkinson, received in the local papers. Jos. Holt, M.D., when President of the Board of Health, improved upon disinfecting methods and placed the system in practical working. A signboard at quarantine, where the festive mosquito and the mermaids chant lorilies all the day and night—summer or winter—had borne the legend "The Holt System." Dr. Wilkinson, lately appointed to the job, ordered the plank down and consigned to the stove. It is known that Dr. Holt had always been Dr. Wilkinson's best friend, and the press poured heavy shot into Dr. Wilkinson for his ingratitude, etc. This is a specimen of how beautifully, we brethren, dwell together in unity.

Condition of health, exceptionally good—the Board of Health having lately been out on a junket, while the mortuary record was accordingly reduced, due to magnificent weather and a great many M.D.'s being out of the city fishing and recreating.

MEDICO VEAJO.

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**The Lancet Clinic** will make some new departures in its new volume. It will have departments on special branches of medicine. It will essay an impossible task—publishing a journal for general practitioners and specialists.

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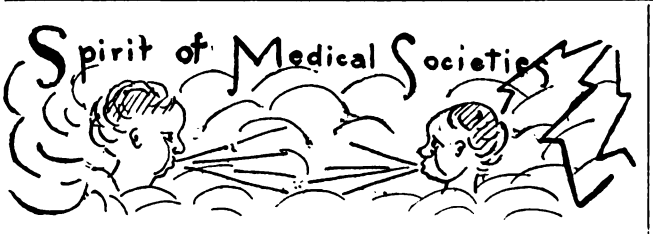


**Surgery of the Tongue.**—Dr. Dandridge, in a paper read before the American Surgical Association thought (Boston *Med. and Surg. Jour.*) that the following conclusions were considered justified:

1. Sufficient experience has been accumulated to show that the removal of cancer of the tongue prolongs life and adds to the comfort of the patient and further affords a reasonable hope of a permanent cure.

2. All operations should be preceded by an effort to secure thorough disinfection of the mouth and teeth.

3. In the treatment of continued ulcers and sores on the tongue, caustics are to be avoided and all sources of irritation removed.

4. Persistent sores on the tongue should be freely removed by knife or scissors, if they resist treatment.

5. When the disease is confined to the tongue, Whitehead's operation should be employed for its removal.

6. In this operation, the advantage of preliminary ligation of the lingual artery is not definitely settled, but the weight of authority is against its necessity.

7. The advantage of leaving one-half the tongue in unilateral disease, must be considered undetermined, but the weight of positive experience is in its favor. In splitting the tongue into lateral halves, Baker's method of tearing through the raphe should always be employed.

8. A preliminary tracheotomy adds an unnecessary element of danger in the removal of the tongue in ordinary cases.

9. When the floor of the mouth has become involved, or the glands are enlarged, Kocher's operation should be employed, omitting the spray and preliminary tracheotomy.

10. Removal of the glands by a separate incision after the removal of the tongue, must be considered insufficient.

11. Volkmann's method still rests on individual experience. Its just value cannot be determined until it has been subjected to trial by a number of surgeons.

13. Thorough and complete removal should be the aim of all operations, whether for limited or extensive disease.

13. By whatever method the tongue is removed, the patient should be up and out of bed at the earliest possible moment, and should be generously fed.

**Neuromata from Popliteal Nerves.**—Mr. F. Marsh showed the Birmingham and Midland Society (*Brit. Med. Jour.*) two bulbous-ended pieces of nerve excised from the stump of the thigh of a woman, aged 30, whose leg had been amputated above the knee thirteen years ago for infantile paralysis. Five years ago she had a blow on the stump, and soon after began to suffer from constant shooting pain in the end of it. Two years ago, Mr. Marsh excised a small neuroma from the end of the long saphenous nerve, then the site of most of the pain. She was quite free from pain for a fortnight, when similar pains commenced at the back of the stump. Every kind of treatment had been tried without avail, galvanism alone affording some relief. A fortnight previously an incision had been made over the site of the lower end of the sciatic nerve, and two good-sized nerves with bulbous ends were found, evidently the two popliteal, the sciatic having divided high up. The bulbous ends, with a couple of inches of each nerve, were excised, and since then the patient had not had any return of the old pain. Notwithstanding the long period that had elapsed since the amputation the nerves did not seem at all atrophied.

**Extra-Uterine Pregnancy.**—Fetus and placenta presented to the Pathological Society of Toronto, by Dr. McKinnon. The Secretary read the following notes: November, 1890. A young married woman, the mother of one child about six years old, was suddenly seized with agonizing pain in the left side of the lower abdomen. It became gradually worse, and had continued tor six or seven hours before she was first seen by me. She was then pale in the face, in great agony, pulse about 112, very feeble, and the abdomen tender and tympanitic. Under large doses of morphia she seemed to improve, her color returned, her pulse became full and fell to 88; but within 12 hours the ghastly pallor returned, the pulse lost volume and rose to 120, 130, 140, and at times could scarcely be felt. The tympanites increased. It was now evident beyond the shadow of a doubt that there was an internal hemorrhage, as was at first suspected. A prompt operation, in which I had the valuable assistance of my colleague, Dr. Howitt, disclosed the nature of the cause and controlled the hemorrhage. On opening the abdomen, a large quantity of blood, partly fluid and partly clotted, was found free in the peritoneal cavity.

After the operation the pulse was perceptible for some hours, but the respiration was good. She made an uninterrupted recovery.

**The Illinois State Board of Health** has during the week ending June 30, issued state certificates entitling to practice medicine and surgery in the State of Illinois to the following physicians: Chas. E. Boisvert, Henry M. Brown, Wm. J. Carpenter, Roscoe N. Doyal, Geo. E Rollins and Chas. H. Williams, of Chicago; T. D. H. Coe, Keithsburg; Lewis W. Ford, Flat Rock; E. C. Huestis, West Jersey; Lewis Wm. Kreiger, Peoria; Arthur Parson, Elmira: A. G. Patton, Monmouth; Louis P. Schroeder, Hoylton; Chas G. Smith, Bellmont; John H. Spencer, of Murrayville; Edwin L. Stevens of Decatur.

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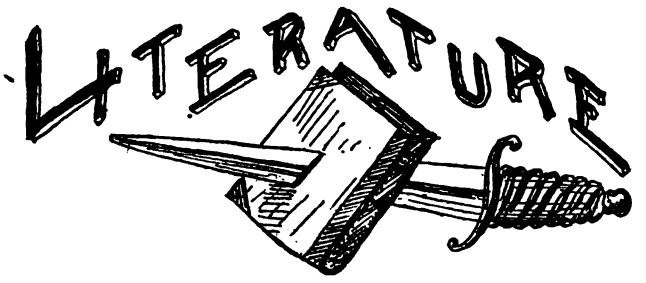


**Transactions of the American Dermatological Association** at its Fifteenth Annual Meeting held at the Shoreham Hotel, Washington, D. C., on the 22d-25th of September, 1891, in connection with the Congress of American Physicians and Surgeons. Official Report of the Proceedings by GEORGE THOMAS JACKSON, M.D., Secretary. 8vo., pp. 88. [New York. 1891.

We have been pleased to receive this interesting report, as it shows the Association to be in a flourishing condition and one which is doing good work in the department of diseases of the skin. There are at present thirty-five members and all are workers in their chosen field of labor. They are well-known dermatologists who are principally located in the East. We find but six representatives situated west of Philadelphia—one in Cleveland, one in St. Paul, two in Chicago, and two in St. Louis.

Whilst the discussions which occurred at the sessions of the meeting reported are fully given, it is a matter of regret that the papers are only indicated by title or by very short summaries. It would be a great advance could the Association publish all the papers in full together with the illustrations in connection with them. Such a volume of transactions would be of the highest value to all dermatologists and we hope that the day is not far distant when this much-desired consummation will be reached.

The transactions as they are form a valuable addition to the literature of skin diseases and too much praise cannot be accorded to Dr. Jackson for the thorough manner in which he has done his work.

**The Treatment of Tuberculosis of Bones and Joints** by Parenchymatous and Intra-Articular Injections. By NICHOLAS SENN, M.D., Ph.D. 8vo., pp. 39. [Reprint from *Annals of Surgerg*, January, 1892.

In this article the author has given us the result of his experience in a particular mode of treatment of a certain class of bone diseases which are far from uncommon. The results obtained are highly lauded and the clinical reports adduced seem to fully support the conclusions arrived at. A 10% emulsion of iodoform and glycerin or pure olive oil is stated to be the best form of remedy to administer subcutaneously. The ethereal solution should never be employed. Tubercular abscesses and joints containing synovial fluid or tubercular pus should always be washed out thoroughly with a 3 to 5% solution of boracic acid before injection is made.

Injections should be made at intervals of two or three weeks and improvement should show itself after the second or third injection. Next to iodoform, Dr. Senn regards balsam of Peru, as the most efficacious remedy in the class of diseases of which he speaks. Of course, in open tubercular affections of the joints the various surgical procedures, as advised by Billroth, should be employed, subsequent injections of iodoform emulsion being used. The entire paper is one deserving of the earnest consideration of every surgeon.

**Sick Headache.**—In the congestive variety, ergotine is sometimes very efficacious (*Med. Summary*). The bromides are also invaluable in the treatment, especially bromide of lithium, which will produce sleep and rest to the brain in smaller doses than the others. Ice applied to the nape of the neck, abstinence from alcoholic liquors and tobacco, exercise in the open air, etc., are also indicated. In the anemic form, nitrate of amyl in small and frequent doses will often cut short an attack, to be followed by the administration of ferruginous tonics. The galvanic form of electricity sometimes relieves, and if continued for a time may effect a cure. But there is a vast deal claimed for this agent by its enthusiastic advocates that cannot be verified by the most competent operators who are not carried away with a monomania on the subject. Cannabis indica given persistently produces a cure in some cases. Inhalation of chloroform and ether are too dangerous to be intrusted to the sufferer for self-administration. The same can be said of chloral, cocaine and the various forms of opium, such as morphine, etc., as their continued use may lead to habits destructive to both mind and body. Caffein, the active principle of tea and coffee, is a safe and efficacious remedy for the patient to use. In its combinations with other chemicals it usually moderates the attack at once, and may cut it off entirely, if taken early.

**A High Endorsement.**—A letter from Thomas H. Manley, A.M., M.D., visiting surgeon to Harlem Hospital, New York., to the Clemiana Chemical Co., Atlanta, Ga., is as follows:

GENTLEMEN:—Having given the preparation known as Verrhus Clemiana a thorough and extended trial, on hospital and private patients, I can most cheerfully recommend it, as serving an excellent purpose in those conditions resulting from specific and scrofulous diseases. I have found it to act with almost specific energy in strumous joint diseases of childhood and in many cases of chronic malarial poisoning which have resisted quinine and arsenic.

I am yours very truly,

THOMAS H. MANLEY, M.D.

New York, June 13, 1892.

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**Dr. Douglas Morton**, one of the best known physicians of Louisville, died at his home in that city, May 26.

**Dr. Hobart Amory Hare**, of Philadelphia, will deliver the address on Medicine before the Mississippi Valley Medical Association at the meeting which occurs in Cincinnati in October of this year.

**Vomited a Lizard.**—The following story hails from Seymour, Ind. under date of June 27: After suffering long and severely from a peculiar distress in the stomach Dr. E. M. Booth, of Vallonia, swallowed a strong emetic this morning and vomited a live lizard, 6 inches long. He is now much better.

**Insanity in Paris.**—Dr. P. Garnier states that, from 1872 to 1888, insanity increased in Paris by 30 per cent. In 1882 there were 3,080 cases of insanity recorded at the Central Police Office, and in 1888, 4,449 cases. The total number in Paris, from 1872 to 1888 inclusive, was 62,752 cases; men, 34,882; women, 27,770.

**A Prolific Negress.**—During the past week a negro woman now living in New York, gave birth to her twenty-fifth child. She is about forty-two years of age, and when sixteen was married to the husband with whom she is now living. She was born in Richmond, and resided in Virginia until seven years ago. Among the twenty five children there have been no twins or triplets.

**Look Out for a Physician**, he will call on you, he is dead broke, just been put out of his boarding house, wants money enough to get back to his old town, or at least enough to live on until he gets a remittance from his brother. He worked us for a dollar, says the editor of the Denver *Medical Times*. We have met him, but he did not get our dollar. Editors are poor, out our way.

**Small-pox** is reported in Mexico. A recent telegram from the city of Mexico is as follows: The rainy season has opened here and has brought with it an epidemic of small-pox. In the District of Sultepec the malady is spreading alarmingly among children and twenty deaths were reported yesterday. There are fully 300 cases in this city and the death rate during the past few days has been increasing rapidly. There are also a number of cases of yellow fever at Vera Cruz.

**The Scalpel** is the title of the latest medical college journal. It emanates from the Chicago College of Physicians and Surgeons.

**A Twin Pregnancy** in which one fetus existed in utero and the other extrauterine is reported in a journal by Dr. E. W. Martin, of Fremont, Neb. The extrauterine fetus had an umbilical cord which bifurcated and led to two placentas. One of the latter was located at the broad ligament and the other in Douglas' cul-de-sac.

**Emin Pasha.**—The death of Emin Pasha is announced (*N. Y. Med. Jour.*). This time the reportseems to be credited at Berlin. The alleged cause ofhis death was small-pox. The real name of Emin Pasha is Edward Schnitzler, and he is in some sense the most eminent physician of his generation. He studied medicine at Breslau and Berlin, and was graduated at the latter city's university in 1864, at which time he was 24 years old. A strong predilection for botany and other branches of natural history, a longing for travel, and an aptitude for languages led him to go down to Constantinople in pursuit of practice, study, and adventure. His services were in almost constant requisition in semi-official positions in Turkey, Armenia, Arabia and Syria for ten years. In 1876 he went down into Egypt, and entered the medical service of the Khedive as Dr. Emin Effendi. From that time forward his advance was rapid and picturesque, his name became a household word in three continents, and the country doctor ended by occupying the throne of a barbaric principality and introducing a semi-civilized government into the Soudan.

**Official Posology.**—According to the correspondent of *Merk's Bulletin*, there is much interest shown in France, of late, regarding the danger which physicians incur in ignoring the posology of a number of new drugs, many of which are eminently toxic. It is to lessen the difficulties of practitioners that Dr. Peltier has just submitted to the Paris Academy of Medicine the following propositions, which have been referred to an Examining Committee:

1. The Academy is invited to draw up, and cause to be published, every year, under its control and with its approbation, an official list of all dangerous drugs, with the maximum or toxic dose of each, for both children and adults.

2. There shall be published, every six months, or every three months, if necessary, a supplement to this official list, comprising the nomenclature of new drugs introduced into therapeutics during the previous six months or three months.

3. Any physician who shall restrict himself to the doses indicated in this list, cannot be indicted for poisoning.

4. A yhysician is not permitted to exceed said doses, except on his personal responsibility.

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**Father Mollinger,** the well known faith-cure quack, died suddenly in Pittsburg, not long since. He was a little more than 61 years of age.

**In Tokyo** as well as in other parts of the Japanese Empire, measles are prevailing. His Imperial Majesty, the Emperor, is suffering from the same malady.

**The Charlotte Medical Journal** is the latest aspirant to journalistic honors. It is a 64-page octavo published monthly at Charlotte, N. C. Drs. E. C. Register and T. C. Mongomery are the editors.

**The Harvard Medical School** begins its Fall session by adopting a compulsory four years' course. Students in classical and scientific schools in which courses in anatomy, physiology, histology and chemistry are taught can be admitted to advanced standing on passing an examination.

**A Memorial Tablet** has just been unveiled in his native Vasto, on the Adriatic, to the great Abruzzese anatomist, Giuseppe Pietrocola, for many years one of the chief lights of the Neapolitan school, where, in addition to professorships in anatomy and clinical surgery, he held for some time the post of Rector in the University.

**The Late Dr. D. Hayes Agnew.**—At the request of Mrs. Agnew, Dr. J. Howe Adams, of Philadelphia, is preparing a biography of her late distinguished husband; in consequence, he is looking for data on this subject, and is desirous of obtaining from all Dr. Agnew's former friends, colleagues, associates, students and acquaintances all such authentic data as relate in any way to his career or character.

**Coghill vs. Bonaparte.**—This case, which has recently been tried in England, has received a good deal of attention from the daily press, even in this country (Boston *Med. and Surg. Jour.*). Dr. S. Coghill sued M: Clovis Bonaparte for attendance on himself for alcoholism, and an a lady who passed for his wife for what was described as "grave specific disorder of a highly contagious nature." The bill had been sent in but not paid. The defendant was impecunious, and conceived the idea not only of not paying the doctor's bill, but of making the doctor pay large damages by threatening an action for divorce against the woman who he maintained was not his wife, in which the plaintiff was to be made co-respondent. He drew such a picture to his so-called wife of an imaginary action that was to be commenced by Dr. Coghill, and that was only to be averted by money, that he got her to make what purported to be a confession of disgusting actions involving the plaintiff, and to part with all her jewels. She finally acknowledged in court that the documents were mendacious from beginning to end. The jury in their verdict declared that Dr. Coghill left court without the slightest imputation on his character.

**The Lecturer on Theosophy** had concluded his long and able address, and stood looking at the audience. "If there is any question," he said, "that any of you would like to ask me before I sit down, I should be pleased to answer it." Amid the deep silence that followed this remark, an earnest-looking man near the door rose up and said: "I'd like to know, Professor, if anybody has ever yet discovered a reliable and certain cure for warts?"

**Small-Pox Epidemic at Nimes.**—It is reported that small-pox has been rife at this town since July, 1891, and that no less than 150 persons have succumbed to the disease, 130 of these fatal cases having occurred during the five first months of this present year. It is pointed out that the town, which boasts a population of 70,000, possesses nothing in the shape of a system of disinfection, and that the sanitary board and their single inspector are not endowed with sufficient powers.

**Dr. T. Miyake,** Assistant Surgeon of the Japanese Navy, who was returning to Tokyo from Corea by Idzumomaru, one of the steamers of J. M. S. S. Company which was wrecked, and only twelve persons saved out of over fifty. As the Doctor was not among the twelve persons known to be saved and after all possible searches were made by both government and private parties it was confirmed that he must have been drowned. The funeral services were conducted on April 30, and over seven hundred persons attended.

**The Lyman Prize.**—The late Dr. George Hinckley Lyman was for twenty years a visiting physician to the City Hospital of Boston. Mrs. Lyman, in her wish to commemorate Dr. Lyman's great interest in the growth and development of the institution and his sympathy with the young men who leave it every year to practice the profession to which his life was devoted, has offered an annual prize of $150 for an essay on any subject relating to medicine or surgery which the writer may select.

This prize will be open for competition to graduates of the City Hospital of not more than three years' standing in January of every year, beginning with January, 1893. The senior members of the medical, surgical and gynecological staffs of the City Hospital, with the President and Secretary of the City Hospital Club, will act as a committee of award. Essays must be type-written, and must be sent to the Secretary of the City Hospital Club before January 1. Each essay must bear upon the title-page an assumed name or device, and must be accompanied by a sealed envelope containing the name and address of the writer. If no essay worthy of the prize be received in any year or years, the committee shall be at liberty to award a smaller prize or prizes of $50, $75, or $100. The amount which may remain will be added to the prize of the following year.

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**Mr. Greig Smith** has retired from the editorship of the *Bristol Medico-Chirugical Journal*, and is succeeded by Dr. R. Shingleton Smith.

**John Anderson,** the leper, who escaped from Chester, and who was captured in Philadelphia recently and confined in the Municipal Hospital, was sent to Lima, Delaware county, in custody of the steward of hospital. The leper, who has several times escaped and terrorized citizens of Chester, cheerfully accompanied the steward, saying that he did not care where they took him.

**Increase of Inebriety.**—We are informed by a correspondent (*Brit. Med. Journ.*) that he has never before seen so many women drink in the North-West of London as on last Whit Monday and the following days. He observed groups of two to four and five woman all under the influence of liquor. In Dublin the Police Blue Book reveals the fact that arrests for drunkenness and for drunk and disorderly conduct have during the last few years increased, both for men and women. In Glasgow, a well-known speaker states that he recently, in the course of a round of the streets, saw some thirty children, under the age of 14, in a state of intoxication, besides a very large number of men and women. From other towns an increase of cases has been reported, especially among women and young people. All this calls for scund teaching on the character and properties of intoxicants, a work in which members of the medical profession have taken a considerable share. A recent and luminous address by Professor Horsley is the latest instance of this.

**Kleptomania.**—The following is from the *Times and Register*: The Cincinnati *Lancet-Clinic* publishes a translation from *La France Medicale*, entitled "The Reflex Club," which proves, on examination, to be Dr. Sangree's skit with that title that appeared in the *Times and Register*, December 12, 1891, with the names changed, so as to give it a French dress. While ruminating sadly over this distressful illustration of Gallic kleptomania, we glanced casually over the pages of our erudite Californian namesake, the *Occidental Medical Times*, and lo! there is again "The Reflex Club," in the shape of an "original translation" from the *Deutsche Medicinal Zeitung!*

Why are things thus? Why don't you take the good things directly from the *Times and Register*, as it rises every Saturday to illuminate a damp universe, instead of waiting six months to get them second-hand from some European purloiner? Where's your patriotism, anyhow? You call yourselves Americans, and yet cannot take up an American idea, until some German has appropriated it and overlaid its pure gold with a coating of Dutch metal.

Go to, brethren, we are ashamed of you.

Amen! So say we.

**M. Pasteur,** who is at present resting at Villeneuve l'Etang, is very unwell.

**Dangers of Self-Treatment.**—A correspondent of the *Lancet* writes: I happened to be in a chemist's shop the other day when a well-dressed, elderly gentlemen came in and asked for an ounce of chlorate of potash. The chemist had the curiosity to look at the paper which the gentleman held in his hand and saw written upon it citrate of potash. After an explanation this drug was supplied. Had he been given the chlorate of potash the result might have been serious.

**Don't be a Lobster!** is the advice given by the *Confectioner's Journal.* A lobster, when left high and dry among the rocks, has not sense and energy enough to work his way back to the sea, but waits for the sea to come to him. If it does not come he remains where he is and dies, although the slightest exertion would enable him to reach the waves which are, perhaps, tossing and tumbling within a yard of him. There is a tide in human affairs that casts men into tight places, and leaves them there like stranded lobsters. If they choose to lie where the breakers have flung them, expecting some grand billow to take them on its big shoulder and carry them back to smooth water, the chances are that their hopes may never be realized. Nor is it right they should be. The social element ought not to be expected to help him who makes no effort to helf himself.

**Barnes Medical College.**—Mr. Robert A. Barnes, who recently died in the City of St. Louis, Mo., left in his will a provision for a hospital to bear his name and to be under the charge and supervision of the Methodist Church. He endowed this institution upon a scale superior to that of any similar hospital in the country, and his gift, amounting to more than a million dollars, was greater in amount than has ever before been contributed by a private citizen. During the sixty-two years that he resided in the City of St. Louis, he was a prominent figure in many of its most important corporations and contributed largely of his means to many charitable and educational institutions. He is credited with building no less than fifteen churches in the southern part of this State. As an expression of appreciation, and as an honor to the memory of Mr. Barnes for his noble charities, the Barnes Medical College is named. The institution is under the control and management of a Board of Trustees composed of upright, influential business men. Its faculty is composed of men of faultless integrity and of experience as instructors, and who are in line with the best element of the medical profession and who are in hearty accord with the trend of public and professional sentiment with reference to advanced medical education. Among the teachers are Drs. Chas. H. Hughes, A. M. Carpenter, James T. Jelks, Wm. Dickinson, John W. Vaughn, Pinckney French, Frank D. Wright, S. C. Martin, and others.

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**The Vacancy** in the surgical staff at St. Bartholomew's Hospital created by the resignation of Mr. Morrant Baker, F.R.C.S., has been filled by the election of Mr. Henry Trentham Butlin, F.R.C.S.

**Medical Heroism.**—Three men were recently rendered unconscious by fumes while clearing out a blast furnace at Sunderland, England. Dr. Glen ascended to where the men were working on the top of the stove, lashed himself to a rope to prevent his falling, and for fully an hour applied artificial respiration, his efforts being finally crowned with success.

**A Kentucky Woman** who concluded her medical studies this last spring, brought home in one arm her diploma and in the other her week-old babe (*Phar. Era*). Another woman in Kansas not long ago celebrated her election as town mayor by giving birth to a child on the same day. Which either proves the superiority of woman over man by way of versatility and endurance, or it may be accepted as a protest by nature against modern attempts to set insuperable barriers.

**M. George Costomiris** has been commissioned by the Greek Government to publish the works of the old Greek medical writers which have never yet seen the light. The manuscripts of these writings are scattered through the public libraries of Europe. M. Costomiris has just issued the first of the series, consisting of the 12th book of Aetius, which treats of rheumatism and arthritic affections. Among the manuscripts to be dealt with by M. Costomiris are some unpublished frag ments of Galen, whose literary activity would certainly have made him a very formidable member of medical societies and congresses had he lived at the present day.

**Chloroform Stories.**—The following are cut from the *Western Med. and Surg. Rep.*:

Two doctors in Idaho, it is reported, succeeded in capturing an enormous bear by means of a piece of meat saturated with chloroform and sprinkled with sugar. We fear there is too much mountain air and sugar trust mixed with that chloroform and bear story for it to be true.

A doctor, who was at the time living in Hamburg, Fremont County, Iowa, had his residence invaded by felinis putorum vulgaris (a skunk), and in order to avoid the sprinkling of odoriferous suffocation, tied a piece of cotton to a long pole saturated with chloroform, and then held the cotton to the skunk's nose until it fell over in a helpless state. He then tied a string around its neck and carried it out of the house into the fresh air which soon revived it again. The next act was tragical. He shot the "porcupinus catapolis" to death without odor or lament. It is rumored that a very kind hearted mother would, before whipping her children, give them chloroform, and would say, "the poor little things don't feel it so much when I give them chloroform."

**Sewer Cleaning** is never an inviting task, but when a whiff or two of the gases discharged from an open culvert knocks down and kills two stalwart laborers on the spot, it is time to inquire what is going on below (*Hosp. Gaz.*). It is confidently stated that birds have been seen to fall dead when passing over the ventilators of certain sewers at Widnes, England. This beats the legendary performance of the garlic eating Frenchman, who could, by a well-directed expiratory effort, *faire tomber les mouches a quinze pas.* Under the circumstances, one would imagine the vacancies thus created in the staff of sewer cleaners at Widnes are not likely to give rise to much competition. Life is sweet, and Widnes sewer gases are foul.

**Skatological Literature.**—Under this title there appears a very interesting article in the *British Medical Journal* from which we extract the following:

Probably most of us who have studied ancient prescriptions, and read with disgust the list of horrible ingredients which patients in the olden time had to swallow, thought that the Greek, Roman, and mediæval physicians had very nasty ideas, and prescribed filthy remedies without any other reason than caprice and the desire to be mysterious. Investigators of folk-medicine are not inclined to dismiss the subject of the pharmacy of the past quite so contemptuously, and as the ethnologist does not call anything "common or unclean" which throws light on the habits and ideas of the human race, it is scarcely surprising that learned treatises are being written on Ordure and Urine in Medicine.

Occult influences have been everywhere ascribed to ordure and urine and other excrementitious remedies. Hair, human saliva, ear wax, human sweat, after-birth and lochia, catamenial fluid, human semen, human blood, brain, moss growing on human skulls, lice, the tartar from human teeth, renal and biliary calculi, human bile, bezoar stones, and a host of other disgusting "remedies" have been used from time immemorial, and some are used at this day as medicines for various ailments. Pills made from the dung of the Grand Lama of Thibet are used as infallible antidotes to disease.

From the days of Pliny the dung of almost every kind of animal has been used in medicine. Dog dung mixed with honey was prescribed for sore throat, and wolf dung as an anti-colic. Goat dung was considered of great value in tumor of the spleen, and cat dung for gout in the feet. Lion dung was an anti-epileptic, and mouse dung in the constipation of children. Dr. Jacob Hunerwolf, in 1694, actually wrote a treatise on mouse dung as a laxative, in which he very highly extolled the remedy. Human urine is considered in many places as a most valuable tonic medicine. Daniel Beckherius, in his *Medicus Microcosmus*, published in London, in 1660, recommends a drink of one's own urine, taken while fasting, for obstruction of the liver and spleen, for dropsy and jaundice. The urine of boys was recommended in fevers, and a "spirit of urine" was distilled for the gout.

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**The Man** who insists that doctor bills are robbery might modify the language and refer to them as pillage.

**A Plaster Bust** of Professor Huxley has been presented to the Royal College of Surgeons of England by Mr. W. H. Flower, F.R.C.S., late conservator of the museum.

**Small-Pox** is still an element of considerable danger to the public health of England. During the four weeks ending June 4th last there were 125 attacks in the metropolis, 11 in Liverpool, between 20 and 30 in Dewsbury, 12 in Wakefield, 5 in Sheffield, 8 in Halifax, and 15 in the neighborhood of Dartford, which is not far from the small-pox establishment of the Metropolitan Asylums Board, besides a number of other more isolated groups of attacks.

**This Country** has two periodicals devoted to microscopy, the *American Monthly Microscopical Journal* and the *Microscope*. For years there has existed sharp, not to say detrimental, rivalry between these two excellent publications; but the fight has come to a sudden termination through the purchase of the *Microscope* by the senior journal. Both publications will be continued, with this change, however, that the *Microscope* will be devoted especially to the wants of beginners and amateurs.

**A Magnetic Physician** has been sent to prison to serve out a three months sentence in Ladsberg, Germany, for practicing his questionable mode of treating disease (*Meyer Bro's Drug.*). After seeing a lock of hair of a distant insane person who had been pronounced incurable by a number of able physicians, this magnetic man pronounced the case curable, and he the man to cure it. Whilst the disease was repellant to his magnetism, and the patient failed to get well, the authorities were so strongly attracted by its influence that as a result the dispenser of electricity now lies in durance vile.

**A Big Dose of Antifebrin.**—Not long ago a Bengali Baboo, in a factory being afflicted with influenza, was given a bottle of antifebrin with instructions to weigh himself out 4 grains. Under the impression that 16 grains made one ounce he concluded that 4 grains must be equivalent to a quarter of an ounce, and accordingly weighed himself out 2 drachms, or 120 grains, which he swallowed unsuspectingly. He sent word to the manager in the evening that, although at the point of death at 2 P. M., thanks to the Sahib's wonderful medicine, the fever had entirely jeft him. It is to be hoped that the lucky Baboo will long live to sound the praises of Western physic; but, with his peculiar notions of posology, it will probably be well for his bodily comfort if he refrains in future from acting as his own dispenser.

**Dr. David Nowlin,** late assistant superintendent of the St. Louis City Hospital, was recently suspended by Dr. H. Marks, the superintendent, for reasons. An investigation resulted in making the suspension a permanent one.

**Masrium, a New Element.**—A paper has been read before the Chemical Society by H. D. Richmond, in which he states that he and Dr. Off, in the course of an examination of a mineral which is provisionally termed *Masrite*, discovered traces of a substance which differed in several important respects from any known metal, and was therefore recorded as a new one under the name *masrium*. This word is derived from the ancient name for Egypt, the mineral in which the supposed new element is found being of Egyptian origin.

**Same as Keeley Cure.**—Dr. Wing, the Chinese doctor is purchasing all the live rattlesnakes, (*Alturas Herald*) he can obtain, which he uses to make medicines. An Indian brought him one last Saturday in a tightly secured can. The doctor had a forked stick and as soon as his snakeship was released he was held in such a manner with the stick that he could not bite; then Wing took him in his left hand holding him firmly about an inch back of the head and then proceeded to sew the snake's mouth up. He then placed it in a bottle containing alcohol and expressed himself thusly: "Heap good; alle same two tree day Kleele cure!"

**A Novel Mode of Suicide.**—Faire autrement is said (by a surgical biographer) to have been the great Dupuytren's motto in professional practice, and a similar spirit seems to have moved a poor woman in Paris, who, recently tried to find relief from the pangs of despised love in suicide. For this purpose she bought fifty leeches and, stripping herself naked, applied them all over her body from the knee to the breast. When the leeches had drunk their fill they fell off, but blood continued to flow freely from the bites, and when the door of the room was opened some hours later the woman was found lying on the ground, pulseless and inanimate. She was taken to the Lariboisiere Hospital, where she was addmitted in a critical condition. There is something so unromantic about such a mode of shuffling off this mortal coil that there is very little danger of this would-be suicide finding imitators.

**A New Competitor for Doctors, Druggists and Dentists.**—The *Bulletin of Pharmacy* says: We are in receipt of a printed announcement of a Mutual Aid Association which we reproduce below. This Association is ostensibly designed to supply the public with the services of the physician, druggist and dentist at cut rates, but in reality offers such service as a premium for securing patrons for a Keeley Institute. "For ways that are dark and tricks that are vain" this arrant quack Keeley is peculiar.

The Mutual Medical Aid Association of Chicago,

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General Offices, Northern Office Building, corner Lake and LaSalle streets, Suite 317; Hon. Carter Harrison, President; Gen. I. N. Stiles, Attorney; Oscar C. De Wolf, M.D., Secretary and Treasurer.

To Whom Concerned: The objects of this Association are to prevent sickness amongst the laboring classes and families; to furnish medical and surgical attendance at all hours when sick or injured, or for all acute diseases or injuries, by competent physicians and surgeons, for a small premium, not exceeding fifty (50) cents per week. Chronic diseases and deformities are treated for a small extra charge. The city is divided into districts and in each is located a physician of the Association and a druggist.

Members call upon their physicians, and, whenever necessary, they may be called to the members' residence, and they will respond just as other physicians respond when called into service. In the event that the district physician is engaged or unable to respond, the central office may be notified. Consultation may be held whenever necessary without extra charge to members.

The terms of the Association are, in weekly payments: Single person, 15c.; family of two, 21c.; three, 25c.; four, 28c.; five, 31c.; six, 34c.; seven, 37c.; eight, 40c.; nine, 43c.; ten, 46c.; eleven, 48c.; twelve, 50c.

By special arrangements with druggists in each district throughout the city, necessary medicines will be supplied to members of the Association on prescriptions written by physicians of the Association, at the uniform rate of twenty-five cents for each prescription.

The Chicago Dental Aid Association has been formed in connection with the Medical Aid Association, where members can secure dental work of the best character, at very low rates.

All applications for membership in the Association must be made at the general office or to an authorized agent.

The Medical Aid is desirous that all should know:

1. That a Keeley Institute for the cure of drunkenness and the morphine disease is in successful operation at No. 42 South Curtis Street, Chicago, having been opened for patients March 15, 1892, as one of the departments of the Medical Aid system.

2. That this Institute is under the direct subervision of Dr. Keeley, and is the only Institute in Chicago having his approval or recognition. And that this Institute was opened and is operated for the benefit of those unable to attend the Dwight Institute, and in which patients are treated at absolute cost.

3. That citizens of Chicago graduating at this Institute are entitled to membership in the Medical Aid for themselves and families for one year from date of enrollment, and are entitled to all its benefits, and those outside of the city are entitled to the same privileges, except that they receive medical and surgical attendance at the main office of this Association only. We invite your earnest consideration of this matter in behalf of your fallen and unfortunate friends.

**Cystitis in Women.**—The following treatment is recommended (*Ex.*): Apply a tampon which has been covered with the following ointment:

℞ Ext. belladonnæ, - - - - - ʒj.
Lanolin. camphorat., - - ʒxv.
M.

**Hemorrhoids.**—The following ointment is employed by Kosobudski, as a sedative and antiseptic application in hemorrhoids:

℞ Chrysarobini, - - - - - 8.
Iodoformi, - - - - - - 3.
Ext. belladon., - - - - - 6.
Vaselini, - - - - - - 150.
M.

**Antidiarrhea Lemonade.**—Dr. Hayem uses the following, claiming that the lactic acid acts as a tonic and germicide:

℞ Acid. lactic., - - - - - - 1.
Syr. simplic., - - - - - 20.
Aquæ destillat., - - - - 80.
M.
Sig. Half a wineglassful between meals in the chronic diarrhea of adults.

**Pruritus.**—The following is recommended as an external application in itching:

℞ Menthol, - - - - - - ʒj.
Alcohol, - - - - - - ʒvijss.
Water, - - - - - - ʒxv.
Acid acetic dilute, - - ʒxxxvijss.
M.
Sig. Apply with a sponge.

**Menstrual Colic,**—The following is given in a French medical journal:

℞ Acetate of ammonia, - - ʒjss.
Infusion of elder flowers, - ʒxxx.
Orange flower water, - - - ʒiijss.
Syrup of morphine, - - ʒv.
M.
Sig. Four tablespoonfuls in the course of an hour.

**Fissures of the Hands.**—Steffen recommends the following ointment:

℞ Menthol, - - - - - - gr. xv.
Salol, - - - - - - - ʒss.
Ol. olivar, - - - - - ʒss.
Lanolini, - - - - - - ʒj.
M
Sig. Ap ly tw ce daily.

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**A Nervous Affection.**—A man's on the eve of proposal.

**Foreman.**—"They say old Jones is dying by degrees." Editor.—"Just like him. He never will hustle when he strikes a good thing."

**Doctor.**—If you don't take this castor oil I'll have to pour it down you.

Patient.—If you do I'll castor oil out.

**Professor of Anatomy.**—Mr. Rush, where does the tensor tarsi take its origin?

Mr. Rush.—The tarsal bones.

**A Folded Newspaper** placed under the coat in the small of the back is said to be a sure preventive of pneumonia. Now is the time to subscribe. Copies ready for mailing, five cents.

**Mr. Newpop.**—Doctor, is insomnia contagious?

Dr. Paresis.—Certainly not; why do you ask?

Mr. N.—Because when our baby is troubled with insomnia my wife and I seem to catch it, too.

**Miss Wilkins.**—Miss Forsythe has a new encyclopedia.

Mrs. Jones.—Poor thing! She has had several before. Is this one on the back of her neck like the others were?

**An Efficient Remedy.**—In the steam car:—I wonder what that old gentleman has in that bottle that he raises to his lips so often?

A cough mixture, I presume.

It must be good. I haven't heard him cough once since he entered the car.

**Perkins.**—I see Hobson of your place is the same old persevering follower of Isaac Walton.

Barnwall—Eh! er!—Oh now I know whom you mean. But they call him now Vermifuge.

P.—Indeed, why is that?

B.—Because he is such a worm destroyer.

**An Illiterate Woman,** who wished to be thought learned, went to hear a lecture on chemistry, in which the words hydrogen and oxygen frequently occurred. "Pray sir," said she to the gentleman next her, "what is the difference between oxy-gin and hydro-gin?" "Oxy-gin, madam" replied he, "is pure gin; hydro-gin is gin and water."

**Each Railway System** should organize and maintain a surgical association of its own for the mutual benefit of the railway company and of the members, says the *Railway Age*. Where this cannot be done to advantage the organization of state or interstate societies should encouraged.

**Duty to Child on Track—Ordinary Care.**—According to a recent legal decision, a railroad company owes to a child of between four and five years upon its track, apparently insensible of danger, the duty of ordinary care in keeping an outlook before its running train, reasonable under the circumstances, to discover it, and upon discovering it to be a child, to use such measures as are proper and prudent to avoid injury.

**A New Road Chartered.**—Articles of the B. & O. Connection Railroad Company were recently filed. It is proposed to construct a railroad from a point at or near the town of Beverly Hills, Cook County, northwesterly to a junction with the Chicago Central Railroad in the city of Chicago. The capital stock is $200,000. The incorporators are Robert B. Campbell, Granville; A. Richardson, Leonard S. Allen, Alfred P. Bigelow and Wm. J. Kenny, all of Chicago.

**A New Iron Bridge** has just been completed on the West Penn railroad at West tunnel, near Bow Station, Pa., to replace a wooden Howe truss bridge which has stood for many years. The bridge is 435 feet long, of three spans, and is 52 feet above the water. The work was done without any detention to trains, the track being supported on trestles during the progress of the work. Owing to the height of the bridge the trestling involved a great deal of labor, over 200,000 feet of lumber being used.

**Associations of Railway Surgeons.**—It seems surprising now to learn that the first association of railway surgeons was organized only ten years ago (*Railway Age*), the surgeons of the Wabash railway being entitled to the credit of that movement. In September of the same year, 1882, the surgeons of the Pennsylvania company's lines also organized a society. On a few other roads similar action was taken, and in June, 1888, there was organized at Chicago the National Association of Railway Surgeons with 189 members. In the four years that have elapsed this association has grown with great rapidity, until it now comprises over 1,200 surgeons, representing railways in nearly every state and territory of the country, with members also in Canada and Mexico, and constituting the largest, and it is not too much to say the ablest and most useful, association of surgeons on the continent.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Prescription Writing.

There are cycles in all human affairs; or as it has been oft-times expressed, "history repeats itself." At one time the physician dispensed his own medicines until the custom was finally relegated to those who were forced to do so by their environments. Now, some are making an effort to return to the old style. Thus much for the purely mechanical part of the prescription. In this matter, as in all others, division of labor asserted itself and the dispensing pharmacist appeared. In order to place him in a position to fulfill his functions properly it became an absolute necessity to furnish him with a memorandum of what was desired. Thus the prescription came into vogue and to-day it is universally employed. We do not wish to enter into a consideration of the proper manner of combining the ingredients but we do wish to point out a few points in connection with the purely mechanical portion involved in the writing and printing thereof.

First of all we will speak of the written prescriptions such as may be found on every druggist's file. One of the peculiarities to be observed is that a large percentage are written in a manner which is illegible not only to the ordinary mortal but frequently to the druggist. We have seen some whose chirography was so atrocious that the writers themselves could not decipher it. Such a condition is inexcusable. It is the result of one of two conditions—a desire to assume mystery, or inability to write legibly. The former savors of charlatanism and the latter of ignorance. Medicine is no longer an art which requires the adventitious aids assumed by professors of "magic." Cabalistic symbals have no places in modern medicine. A prescription loses none of its efficiency nor is the drug less potent because the patient imagines that he can read it. But, there is a greater probability that it will be properly compounded and that the desired mixture will be obtained, if it be legibly written.

It may be that this illegible style has been adopted to conceal bad orthography. For we have seen prescriptions which carried directions, supposed to be written in English, in which the words were constructed upon the phonetic plan. We recall to mind one written by a medical man at the head of a large hospital who did not hesitate to issue his recipe with the following "signa:" *Uce as directed.* We do not wish to impugn his professional skill, but we contend that a patient with a fair education would certainly lose confidence in a physician writing such English.

One of the commoner conditions met with is that wherein the writer of the prescription does not seem to have the remotest idea of the classical language in which prescriptions are supposed to be clothed. The declensions of Latin as well as the genders, are among the things wished for but not realized. They constitute a veritable *terra incognita* and are living monuments of a want of elementary preliminary education. The language in which these prescriptions is constructed is popularly known as "Kitchen" Latin or we have a jumbling of poor Latin and worse English in one and the self-same prescription. We will confess that there are many barbarous words among the names of remedies, but they are still amenable to the rules of grammar of the Latin and it is certainly no difficult matter for one acquainted with them to conform to them. What we allude to, however, is the habit of writing names in which English have been latinized when Latin names occur in the same prescription.

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Another fault to which we merely desire to allude is the habit of some physicians of sprawling their writing over a very large blank. We certainly will contend that a moderately small handwriting, which is neat and legible, makes a better impression on patient and druggist alike and is an index of the habits of neatness and care of the writer.

Whilst abbreviations are almost a necessity in this day when no time is to be wasted they are often badly made. Thus "chlor. hyd. gr.v" might mean chloral hydrate, calomel, etc.; but, in reality, it means nothing. An abbreviation should certainly be specific and be of such a nature as not to leave the reader in any doubt as to what is desired.

As nearly everybody in the practice of medicine writes for medical journals it is no matter for surprise to find these self-same errors creeping into medical literature. We have had the curiosity to look over a few journals and we present our readers with a few variations in kind and quality, which may prove edifying reading. These are reproduced verbatim and in the manner in which they were found.

℞ Chloroform.
Sulphuric ether.....*aa*..... ℥ ss.
Glycerine..... ℥ ij.
Syrup buckthorn..... ℥ ij.
Syrup orange peel..... ℥ j.
M.

Sig. A teaspoonful every morning and night for two or three months, and then later a teaspoonful at bed time every second or third night.

Piperazin. pur, (Schering).....grm. v.
Solve in
Aquæ.....ozs. v.

Sig: Dissolve one-fifth of this solution each day in one pint or one quart of water, keep the solution in a warm place (neither hot nor cold), and drink the full quantity during the day in convenient doses to quench thirst.

℞ Sodii Hyphosulphis..... ℥ i
Acid Carbol..... ℥ ss
Glycerinæ..... ℥ i
Listerine..... ℥ iii M.

℞ Phenacetin.....dgms. 3.
Sodio-salicylate of caffein....mgms. 15.
Muriate of quinine.....dgms. 2.
Muriate of morphine.....mgms. 5.
Semarine.....mgms. 1.
Butter of cacao, q. s.
Sufficient for one capsule. Make thirty such capsules.

℞ Essence menth.....gtt. x.
Tinct. anisi.....10 grammes.
Cochineal.....q. s. to color.
Alcohol.....100 grammes.

℞ Chloroformi 8 minims
Syrup Rhei 1 ounce
M. Sig. Ten to fifteen drops up to one-half drachm in a little water.

℞ Mist assofœt 1 dram
Sodii bromid 3 to 5 grains
M. Sig.—For a child one to four months old.

℞ Sulphur..... } aa..... 4 ℥
Oil of beech... }
Black soap.... } aa..... 8 ℥
Starch..... }
Powdered chalk..... 1 ℥

℞ Tinct. nucis vomicæ f ℥ vj.
Ext. damianæ fl f ℥ ijss.
Glycerini q. s. ad f ℥ iv.—M.
S.—℥ j three times a day, after meals, in a wineglassful of water.

℞ Atropia Sulphas.....grs. ii.
Aqua Distillata.....℥ i.
M. Sig.—Two drops in the eye every four hours.

Thymol, grs. ss.
Alcohol,
Glycerine, aa ℥jss.
Aquæ, ℥j.

℞ Kamala.....1 drachm.
Ethereal Ext. Male Fern.....2 drachms.
Syr. Acaciæ.....1 ounce.
M. Sig.: To be given in two doses, one-half on rising the morning, and the other half two hours afterwards.

Zinc chloride, - - - - ℥ ·
Wheat flour, - - - - - ℥iij.
M. Add enough glycerine to form a thin paste, and to this add Sanguinaria and hydrastis, aa ℥j.

We do not wish so comment upon these, save in a general way. We could have added many other examples but the above are sufficient. In looking over them we feel inclined to make a suggestion which, in our opinion would be of the greatest benefit to readers and writers alike. It is this—let medical journals adopt a uniform method of publishing prescriptions and adhere to it. Write all the names of the ingredients in Latin and the quantities in signs, not spelled out. In the next place the mark *M*, or the word *Misce* should always occur in the same relative position as well as the *Signa*. Whatever particular signs or words are adopted should be universally employed and always in the same place. This would secure uniformity and would be easy of accomplishment in view of the fact that the medical editors are not so very numerous nor so wedded to any one system as not to be willing to adopt one which would be uniform.

Again, we look upon it as superfluous to write *fl* before the ounce mark. If the remedy be a fluid it is self-understood; if it be a solid it cannot be used. It is as superfluous as the letter *F.* is after the figures indicating temperature in disease. It is the rule in dispensing medicines to measure liquids by liquid measure un-

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less a special note be made that all the ingredients of a mixture are to be dispensed by weight.

In conclusion, we desire to allude to the necessity of uniformity in metric prescriptions. There are several ways of writing them and of printing them, but it would be certainly far more rational to have but one method. This is the more necessary because the majority are not familiar with the metric weights and measures and are apt to become confused when different modes are adopted.

With these few notes on a condition which can be easily remedied we will close by urging all to think over the matter and see if, in their opinion, a uniform system of at least printing prescriptions should not be adopted by the medical press and writers of medical books of this country.

**Prescription-Writing Extraordinary,** is made the text of a short editorial in the *Medical News*. We saw it after writing the leading editorial in this number and judge it so *apropos* that we reproduce it here. It is as follows:

Apropos of the interest taken of late by the manufacturers of pharmaceutical preparations in the education of physicians, we beg to call attention to a recent issue from the firm of a *Therapeutic Reference-Book*, which, it must be admitted, contains some valuable information for physicians; but in a section on prescription-writing the author has evidently essayed a department which he should have left untouched, since even the highly valuable aid of abbreviation fails to cover his utter ignorance of the rules of Latin grammar upon which prescription-writing is based. Thus we have the following:

℞.—Potass. Cynanide.
Potass. Brom.
Ext. fl. Pru. Virg.
Syr. Simple et.
Aqua Dist. q. s.

Again—

℞.—Hydr. Chlor. Mit.
Soda Bicarb.
Pulv. Cinnamom.
Sach. Lact.
Mix et. divide *into* charta*e* No. xii.
Sig.—One every two hours.

Had the writer been satisfied to put the whole into good English we should not have complained, but the pitiable conglomeration of English and Latin which is placed before the physician with a view to his *instruction* should be exposed. We are not averse to learning from anyone, but we do protest against the confiding physician who happens to be ignorant of Latin being taught stuff, the adoption of which must excite a smile in the well educated apothecary who compounds his preparations.

**The Association of Medical Colleges** which met in Detroit on the 8th ult., says the *Western Medical Reporter*, during the meeting of the American Medical Association, promises to exert a most excellent influence on medical education. No college can be a member which does not require three years' attendance on sessions of six months' length. Two-thirds of the colleges belong to it and are living up to the requirements of the constitution. It is to be hoped that every college in the country will so amend its curriculum and extend its courses that it may join. The exchange of ideas and methods are necessarily instructive and few men can avoid learning in such a gathering. Special training is required to equip a man for teaching in every branch of knowledge except medicine.

As several States have arbitrary laws forbidding the issuing of licenses to practice to graduates of schools which do not require attendance on three courses of lectures, regardless of the applicant's fitness or ability, a school that gives less is guilty of a moral wrong. If State Licensing Boards would issue lists of the colleges whose diplomas are not recognized, the laggards in the race would be whipped up and forced to allow the sun of modern progress to penetrate their moss-covered shells. The Association of Medical Colleges is doing a good work and every friend of higher medical education wishes it continued success and extended influence.

**Open Confession** is good for the soul, according to the old saying. We will confess that we have erred in the direction pointed out in the leading editorial of this issue. That we did so was from a desire not to misrepresent others, but we wish to state that we have always been in favor of a uniform system of prescription writing and are still so. We will endeavor, in the future, to conform to one style and, at least secure uniformity in this respect, in the REVIEW, and thus illustrate, by example, what we desire to impress by precept. In this manner we hope to impress upon our readers the greater desirability as well as advantage of such a systematic method.

**School Examinations** have been abolished in Baltimore, according to the Maryland *Medical Journal*, which states that it is well-known that the strain of severe school examinations is very great in the case of certain sensitive and ambitious scholars. Now and then a death from typhoid fever following close upon the June commencements is, with much reason, traced back to the anxiety and mental strain of the examinations; a view intensified in the minds of the patient's relatives by the fact that the patient in periods of delirium goes over and over again the themes of the examination week.

It is, therefore, with great pleasure and interest, that we learn of an effort on the part of our public school board to do away with unnecessary examinations. The annual examination for promotion from class to class in the primary and grammar schools, and for promotion from primary to grammar schools, is to be abolished. The teachers of the school will now decide who is fit to be advanced. Dissatisfied pupils may have an exami

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nation if they ask for it. Promotions from grammar schools to the city college and high schools have for years been made on this plan, which has worked very well.

Apart from the benefit which the pupils will receive from the new rule, we may be sure that it will afford great relief to teachers. The conscientious oral examinations of fifty odd pupils on a day when the temperature is up to ninety is an enormous strain upon the teacher.

**Needful Protection of the State Against the Introduction of Epidemic Diseases,** for which a thoroughly equipped quarantine establishment is eminently necessary, however, appears (according to the *Sanitarian*), to have been viewed by Governor Flower through the old spectacles of his predecessor, who preferred to jeopardize the State and nation to cholera rather than approve of legislative appropriation to make the quarantine establishment efficient against its introduction, so long as the establishment was under the direction of his political opponents. But he was finally driven to the approval of a stinted appropriation by the cholera at the port and the demands of the city of New York. To complete the repairs thus undertaken, the recent Legislature made an appropriation of $40,000. For economical reasons, it is alleged, the Governor vetoed the measure. It would have increased the State taxes *per capita* about the sixth of one per cent; and the nature of the quarantine structures in the lower bay is such that the neglect of timely repairs greatly multiplies the final expense and the difficulty of excluding epidemic diseases.

**No Hope** is the idea of the *Post-Graduate*. This journal says, editorially, that it is sometimes thought that patent medicines, faith cures, and so forth, will disappear, with a generally highly educated profession. But there is no country in the world that claims, and perhaps justly, a higher type of physicians than France, and yet it is constantly affirmed that miracles are wrought in that country by healing waters. The medical profession, while much improved and much increased in power, by a high standard of education among its practitioners, will perhaps never have an undivided hold upon the public, as the only source of healing.

**Professional Responsibility** is not the subject of sufficient solicitude, according to the *Hahnemannian Monthly*, which states that by far the greater number of medical men fail to appreciate all the responsibilities resting upon them. It is true that all recognize their importance in dealing with the sick, but it is in their dealings with their professional brethren and with fellow-beings in health that they are found wanting. This failure to appreciate the responsible position they hold in the community is brought about by two factors: one, the natural modesty and good nature inherent to medical men, and the other thoughtlessness of all other matters than those pertaining directly to their profession. The evil or vice of which we complain is found among doctors of both high and low degree. We feel hardly able to say which class is the greater offender. We are satisfied, however, that the greater the man the greater his responsibility, and the greater the evil he does when by reason of failure to recognize his responsibility he commits a fault. Oft-times thoughtlessness in a very trifling matter works quite a little harm in the end. We are especially concerned at the present time over individual responsibilities in the profession.

**Choose a Specialty** is the advice of Dr. Nevin B. Shade (*Times and Register*). He states that if all the physicians above thirty-five or forty years of age were limited to a specialty (except when called in consultation), there would not be much fear of losing a family, because the physician called in consultation is a specialist and would not take routine or general practice. This would be a safeguard to the family physician. Then again, there would be no occasion for the physician called in consultation to say or to do something unprofessional to prejudice the family against their physician.

**Hospital Abuse and Its Critics** is thus referred to by the *Lancet*: The *Rock*, disclaiming all sympathy with charity reformers, asks for one very drastic measure—*pace* Sir Andrew Clark—the abolition of the out-patient department and of free dispensaries, and would substitute graded provident dispensaries, so as to meet the requirements of every section of society, from the artisan to the small tradesman; the poor to have free cards given them by the benevolent, who would be required to pay a guinea for four cards. These benevolent persons are to be warned by the medical man in attendance of any imposition or unfitness in the recipient. Such conditions involve a large number of benevolent persons and assign an unpleasant duty to medical men. The *City Press* has some sensible observations on the abuse of hospitals and dispensaries by those who can afford to pay. It thinks that the Council of the Hospital Sunday Fund should mark its sense of this evil by withholding grants from institutions which make no attempt at eliminating unfit persons.

**A Liberal Offer.**—The MEDICAL REVIEW will be sent to non subscribers for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

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**She.**—You know, doctor, that my husband is very much opposed to my going away. Do you think (anxiously) I will be ill enough to go to Europe? The Doctor (doubtfully).—That's pretty hard to tell. She.—You know, I want to make certain of it. Perhaps you had better call a few more times.

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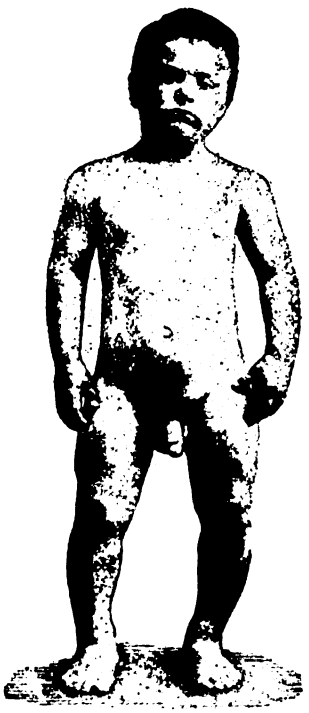
**Precocious Development.**—Dr. R. Howard, reports the following rare case to the New York *Medical Journal*. On the 16th of April, 1891, Mr. H., of Zephyr, Brown County, Texas, brought his son to my office by request. The boy was born on October 20, 1887, and was at this time three years and a half of age. He was born in Mills County, Texas, and his age is sworn to before the county clerk at Goldthwaite, the county seat.



He is three feet ten inches in height; waist measure, twenty-eight inches and a half; circumference of head, twenty one inches and a half; neck, twelve inches; arms over biceps, ten inches; calf of leg, eleven inches and a half; weight, sixty six pounds. Hair on his head very thick and dark; eyebrows heavy; downy moustache; hairs under arms, about the nipples, and on the lower half of the abdomen; heavy growth of hair on the pubes penis and testicles those of an adult, well developed. Glans penis naked, and during erection the penis is four inches and a half in length and four inches and a half in circumference.

His body and limbs are well developed; pulse rate, 84; respiration, 18; respiratory and circulatory organs, normal. He has a deep bass voice; face; teeth, and mental development those of a child.

**Pure and Impure Chloroform.**—The fact that a death has occurred at Berlin among the first twenty-five patients to whom a recently-introduced perfectly pure chloroform was administered, shows (*Hosp. Gaz*)—what no reasoning person would ever have been led to suppose—that safety is not synonymous with purity. The purification of chloroform does not affect the essentially lethal properties of large doses. Anesthetisation is a form of intoxication, the degree of which depends partly on the dose and partly on the susceptibility of the patient—the latter being, of course, a variable and unascertainable quantity. The mischief of attaching too much importance to mere purity is that attention is thereby diverted from the real source of danger, which is the possibility of an overdose. Common sense and dispassionate observation alike teach the necessity for measuring the quantity of chloroform inhaled, and this does not by any means correspond with the quantity administered. Of course, manufacturers of "perfectly pure chloroform" are likely to overrate the advantages to be derived from using their particular product. In a circular recently received it is stated that "the breathing of chloroformed persons is not affected unfavorably" by the new chloroform—surely a dangerous and misleading statement. An overdose is an overdose, whether the chloroform be pure or impure, and it is quite open to question whether any perceptible difference in toxicity can be observed between the two. In nearly all the fatal cases the anesthetic was given "in the usual way," and the fact that deaths have occurred, even with the best apparatus in the market, only shows that their use does not dispense with the necessity for caution. The most we can hope to do is to diminish the risks inseparable from toxic narcosis.

**Piperazine,** in addition to its admitted superior value as a uric acid solvent, has recently been employed with some success in the systematic treatment of epilepsy (*Notes on New Remedies*). In a well-known Sanitarium at Bielefeld, Germany, the physician in charge, Dr. Muller-Warnek, is now conducting a series of careful clinical trials on epileptic patients; his preliminary observations are favorable, we are informed, and his final report and conclusions are eagerly awaited.

It is interesting to know that besides administering piperazine in voluminous aqueous solution, as heretofore recommended, it is now also suggested by competent authority to divide the daily dosage (1 to 2 grammes) into three or four parts (in concentrated aqueous solution) and take the dose in a cup of tea or coffee, sweetened to suit the patient. In this way every taste and identity of the remedy is entirely concealed, and the method is therefore appropriate in such instances as in epilepsy, where the patient is to remain unconscious of the administration of medicine.

**The Heliostat for Examinations.**—Dr. W. Scheppegrell advocates this instrument in the examination of the ear, nose and throat. He says (N. O. *Med.*

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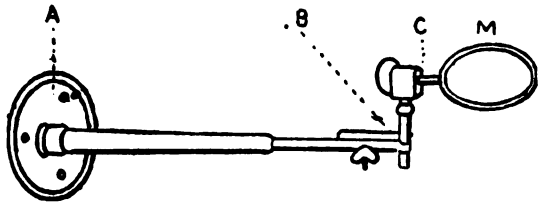
*and Surg. Jour.*) that the luminous rays from the sun have an intensity of 5500 candle power. In addition to this, the rays, owing to the great distance of the sun, are practically parallel, so that we utilize the full in tensity of the sun's rays at whatever point we receive them. The superiority of the sun's light is, therefore, obvious. An advantage of some importance, also, is that it does not require a gas or electric light plant and that it has no meter attached.

The drawbacks to using the sunlight are that the day may be cloudy, and the difficulty in reflecting the rays conveniently into our offices. In the former this is, of course, inevitable; but, as we advocate the use of this light principally in diagnosing the cases and in delicate operations and manipulations, in which a good illumination is required, and as, moreover, the days on which the sunlight cannot be used are comparatively few, this will not be a great hardship.

In regard to reflecting the sunlight conveniently into an apartment, we have constructed a heliostat, whose general outline will be seen in the accompanying wood cut. M is a circular mirror about four inches in diameter, which revolves on a horizontal pivot at C. It is connected with an upright piece which moves on a ver




tical pivot at B. This is attached to a horizontal arm which rotates out on a pivot at A, being connected with a plate which is fastened by screws to the side of the window.

The horizontal arm should be made strong so as to avoid vibrations, which would prove annoying to the examiner. The arm should be eighteen inches long, and rotate outward so that the sun's rays may be received at some distance from the window. The pivots at B and C allow the mirror to follow the vertical and horizontal motions of the sun respectively. The upright piece, with the mirror attached, is clamped at B so that the mirror can be removed when the instrument is not in use.

The heliostat may be fastened at any height to the side of the window, although forty eight inches will be found a convenient height, as the rays may then be thrown horizontally across the room, and used as if issuing from an ordinary lamp. The heliostat should be adjusted occasionally, as the rays of light recede from the point at which they are used. A plain (not concave) head mirror should be used.

The instrument described is inexpensive, is easily made, and does not get out of order. The brilliancy of the illumation and the clearness of outline obtained in this manner will be a revelation to those who are accustomed only to artificial sources of illumination.

**Preputial Reflexes Cured by Circumcision.**—The following cases were observed at St. Joseph's Hospital Memphis, Tenn. (Memphis *Jour. Med. Sc.*): Dr. Willett had recently observed some cases of enuresis and action of bowels during sleep in children with elongated prepuces. Upon one, circumcision had been performed and a cure effected, and he would treat the other cases in like manner.

Dr. Rogers had had a case of chorea, who voided both urine and bowel contents in bed. A small adhesion of prepuce was found and broken up, and the general condition was improved, to yield to a cure, when circumcision was performed.

Dr. Henning has had three cases of complete paralysis, occurring in children from 4 to 6 years old, in each of which was found phimosis, adhesion of prepuce to glans, and irritating secretion behind glans. Circumcision afforded entire relief of all symptoms in each case. He often finds cases with small meatus, and now relies much upon tearing back prepuce and dilatiug meatus in the treatment of such, believing that pulling back prepuce and keeping parts clean, habitually practiced, would prevent the reflex phenomena, so often observed in these cases. Dr. Crofford asked if ether had been used in the operations referred to, and if so, what effect the anesthetic exerted. Dr. Holder, referring to the experiments of White, suggested the possibility of the operation, per se, affording some relief. Dr. Herman had not observed enuresis in Jewish children. He had treated a case successfully with belladonna.

**Treatment of Lymphatism.**—Dr. F. H. Bosworth sums up the treatment as follows (*Climatologist*): In the earlier years of life, when this condition of lymphatism first manifests itself, I think it is to be regarded as an affection easily amenable to treatment, and for which we possess almost a specific in some of the preparations of iodine. In my own experience I have found no preparation more efficient than the iodide of iron. I think the mistake is ordinarily made of administering this drug in too small doses. The most common form of administration is in the officinal syrup, which contains about five grains to the fluidrachm; to a child we usually give from five to eight drops of this—something less than half a grain. A child five years of age, in oder to obtain the best effects of the drug, should take at least two grains three times daily. This may be given in the form of the syrup or the Blancard pill. Where the local manifestations of lymphatism have persisted for two or three years, we can undoubtedly correct the constitutional habit by the administration of internal remedies, but its local manifestations, in most instances, at this period, have progressed too far to be completely absorbed in this way; hence it becomes of the greatest importance to recognize the condition at its onset, and arrest it by proper medication.

In those cases in which the enlarged glands are no longer amenable to internal medication, there is no question in my mind as to the propriety and even the

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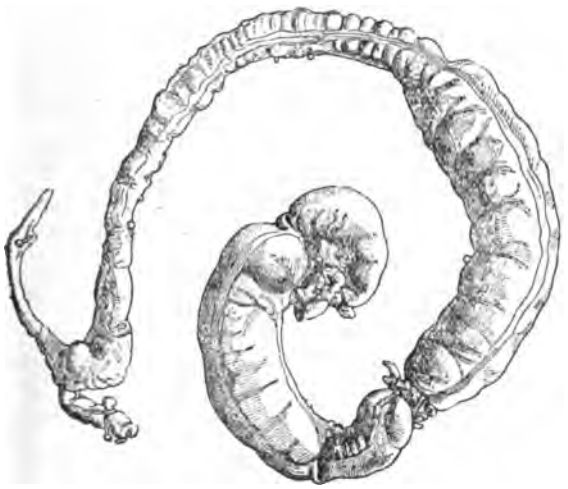
imperative duty of removing the offending tissue by surgical interference. Local applications I regard as absolutely useless. Local treatment may remove a temporary condition of hyperemia or subacute inflammation, but does not produce absorption of organized tissue.

**Congenital Contraction of the Colon.**—Mr. Arthur H. Dodd reports a case in the *Lancet* dwelling on the post mortem in the following words: The



necropsy, at which Dr. E. G. Whittle kindly assisted me, was made twenty hours after death. Rigor mortis had not set in. It revealed congenital contraction of the ascending and tranverses colon, which was throughout but little larger than an ordinary lead pencil. The head of the cecum was normal; the vermiform appendix was about two inches and a half in length; the descending colon, sigmoid flexure, and rectum were distended, but normal, with the exception of partial contractions of an annular character of the sigmoid flexure; the small intestine was abnormally narrow; the ileum for a few inches before its junction with the cecum was very much contracted; the stomach was peculiar in shape, resembling an hour-glass contraction near the cardiac end. All the other organs were normal.

**Recovery After Taking a Large Quantity of Veratrum Viride.**—Dr. James P. Tuttle, writes to the New York *Medical Journal*: Mr. A., was attacked on February 5th with severe epididymitis and orchitis. That night his brother came to me, saying that his fever was very high and that he was suffering a great deal of pain. I prescribed for him "tr. verat. virid. (Norwood's), f ʒiv. Sig. Two drops every half-hour until perspiration is well established." The patient read the directions "two teaspoonfuls" every half-hour, and took the first dose accordingly at 8.30 P.M. This he retained without any appreciable effect until 8.05 P.M., when he took the second dose of two teaspoonfuls. In about half an hour he "began to vomit and be came very weak," as he described himself. On the following morning I was called to see him, and having heard his story of how he took the medicine, was more suprised to find him alive than that he was exceedingly weak and very pale. The heart was feeble but regular, and the respiration very nearly normal. A small quantity of whisky and infusion of digitalis were given, and the patient recovered without any unusual symptoms. The prescription was compounded by a reputable pharmacist, who assured me that he had dispensed the stronger tincture. The interest in the case centers in the remarkable fact of the patient's having retained so large a quantity of the drug for nearly an hour without any disastrous effects.

**Anatomical Injection.**—Dr. Addinell Hewson speaks highly of the following (*Ther. Gaz.*) as an injecting fluid for flexible anatomical preparations:

The method followed is first to inject a fluid which will maintain the natural color of the tissues of the body, or rather exaggerate the redness, and then tone this down by such of the chlorides having well known bleaching properties. The fluid can be introduced by either atmospheric pressure or the piston syringe through the aorta.

First Injection.—The first injection contains the following:

℞ Ac. carbol.(No. 1), delq., ʒiv (118.40 c.c.).
Aquæ dest., - - Ovj (3785 c.c.).
Potass. nitrat., - lb. ij (746.46 gm.).
Glycerin. pur., - - Oij (946.22 c.c.).
M.

Not earlier than twelve hours after this has been injected the second injection may be introduced, although twenty-four hours may elapse.

Second Injection:

℞ Glycerin. pur., - - Oviij (3785 c.c.).
Aquæ dest. bul., - Oij (946.45 c.c.).
Spts. vin. rect., - - Oiv (1892.92 c.c.).
Hydrarg. bichlor., - - ʒij (62.20gm.).
Ac. arsenios., - ʒj et ʒvj (54.40 gm.).
M.

The second injection is made by boiling a portion of the glycerin, all the water, and arsenic together until the arsenic is dissolved. The corrosive chloride, being dissolved in alcohol and glycerin, remaining, the two portions are then mixed in glass or porcelain, and allowed to enter the body by atmospheric pressure.

**Puerperal Fever.**—In a paper on puerperal fever from self infection (*Occ. Med. Times*), Dr. H. Kreutzmann concludes as follows:

1. Peurperal fever, by infection, can and must be prevented by careful and strict disinfection of hands, instruments, and everything about the patient.

2. To prevent puerperal fever by resorption thorough cleansing of the external genitals of the patient is necessary; preliminary vaginal irrigations are useful only in cases of purulent discharge.

3. It is wise to unite by suture any more extensive lacerations of vulva and vagina, even if they are only

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superficial; frequent douches with mild antiseptic solutions must be used; sublimate should not be employed.

4. In the management of childbed, observation of pulse and temperature will give warning if anything be wrong. By careful analysis of the symptoms we will be enabled to make an early differential diagnosis and take therapeutic steps as the case will require.

**Chronic Pulmonary Disease.**—Dr. Thomas J. Mays states (*Phila. Polyclin.*) that this formula has been very frequently prescribed by him during the last year and a half with good effects in asthma, chronic bronchitis, chronic pneumonia and pulmonary consumption.

℞ Strychniæ sulphat. - - - gr. j.
Syr. acidi hydriodici,
Syr. hypophosphit, - - - aa ℥ij.
M.
Sig. One teaspoonful four times a day.

The hypophosphites and hydriodic acid are among the most useful tonics of the materia medica, and it is also a well known fact that strychnine possesses a special stimulating influence on the pulmonary nerve supply. He had long been in the habit of using the alkaloid in respiratory diseases, but he found that its combination with the other two ingredients resulted in a mutual enhancement of action. The good effects of strychnine can, however, only be obtained when it is given in large doses. Hence, he begins with $^1/_{32}$ of a grain and gradually increases it to $^1/_{20}$ or to $^1/_{15}$, or until it shows a tendency to manifest its physiological action.

**Infectious Disease.**—Dr. Henry Sewall says, *inter alia* (*Med. News*), that we are justified in making the dogmatic assertion that infectious diseases may be distributed in two different ways. First, the disease may be transferred directly from the sick person to the body of one that is well, *i. e.* through personal infection. Second, the contagium, or disease-germs, cast out by the patient may remain indefinitely in the room or on the clothes, or other articles surrounding him, and, after a longer or shorter time, find entrance into the bodies of persons coming in contact with them. Again, it can hardly be denied that disease germs cast off from the body of a sick person come at once under conditions that are either favorable or unfavorable to their preservation. Fortunately for the maintenance of our species, the usual conditions in which these germs find themselves on being cast off from their host, are unfavorable to their life. Thus, it is sufficiently proven that sunlight is a powerful germicide; also, oxygen with, in some cases, the assistance of moisture, and, in others, of dryness, destroys the pathogenic organism. Occasionally, however, the disease-germs emanating from the body of the sick fall into an environment favorable to their life, or on a soil suitable to their reproduction. Here, then, the respective disease becomes endemic; and it is of the first importance for us to know the external conditions that favor the multiplication of each micro-organism.

To summarize the statement just made: The disease-germ has two loci of propagation—first, outside of the body, in soil suited to its growth, in which case its effects are invisible to us; second, inside of the body of lowered physiologic resistance, and then disease is the result.

**Wiring the Patella.**—In an article on fractures of the patella (*Phila. Polyclin.*) Dr. John B. Deaver states that the points aimed at in wiring are, first, to free the interval between the fragments of bone of the fringes of the torn capsule and synovial membrane. Secondly, to clear the joint of blood clot, and, thirdly, to obtain absolute apposition of the fragments.

The objection to wiring fractures of the patella when union has failed to take place, where refracture has occurred, or when the union which has been fibrous has lengthened to such an extent as to seriously impair the usefulness of the limb, are certainly not as strong as against the wiring of recent fractures.

The contra-indications to wiring are advanced age, the presence of kidney lesion, diabetes, markedly, impaired general health, addiction of the patient to alcoholism, when delirium tremens would be likely to follow the most trivial operative procedure. Further, wiring is contra indicated when the soft parts have sustained severe injury, making sloughing liable as well as when the fracture is of the stellate variety, whether simple or compound. In certain compound fractures of the patella the treatment does not differ from that of similar fractures of other bones.

In recent fracture of the patella, where the line of fracture is so irregular that it prevents close approximation, a removal of a section of bone will be necessary. In ununited fractures, in fracture occurring at the site of a previous fracture, and in those cases where the union has been fibrous a section of bone should be removed. Dressing with plaster of Paris where the fragments have been wired I regard as an essential part of the treatment, believing that by its use the field of operation is much better protected.

**New Method of Examining Specimens of Blood.**—A method of making permanent preparations of blood has been described by Dr. R. Muir in the *Journal of Anatomy*, which promises to be of great use in clinical investigation. The specimens thus prepared can be preserved indefinitely, and compared with others obtained from the same patient at subsequent periods. The method is quite simple. The films are prepared on coverglasses in the usual way, and, before they have time to dry, are placed in a saturated aqueous solution of corrosive sublimate (to which a little common salt may be added) for half an hour. The corrosive sublimate is then washed away with a three quarter per cent solution of common salt, and the film is further hardened by a few minutes immersion in methylated spirit, and then

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absolute alcohol. The specimen can then be stained by the ordinary reagents, very good results being given by double staining with eosine and hematoxylin, the red corpuscles being stained by the eosine, while the nuclei of the leucocytes are prominently revealed by the hematoxylin.

**Ectopic Gestation.**—Dr. Jas. F. W. Ross' conclusions on this subject (*Am. Gyn. Jour.*) are as follows:

1. An ectopic gestation may rupture either into the abdominal cavity or into the broad ligament, and become so completely absorbed as to leave no trace of its previous existence and this absorption will be carried out without the use of electricity.

2. Such rupture may be immediately dangerous from excessive hemorrhage, or remotely dangerous from subsequent suppuration.

3. That such suppuration may be due to a decomposition of the fetal structures or may occur in the center of an organized clot, independent of any such decomposition.

4. That a sudden attack of peritonitis may be due to the rupture of such a suppurating clot into the peritoneal cavity, and that this may be a much more frequent cause of peritonitis than we have ever believed it to be.

5. That the usually accepted symptoms of ectopic gestation may be almost entirely absent when ectopic gestation is present.

6. That operation for the cure of purulent peritonitis must be done early, before extreme distention is pres ent.

7. That in obscure cases of acute general peritonitis laparotomy is a correct and justifiable procedure, if carried out by some one accustomed to abdominal surgery, with a sufficiency of trained help to carry on the vigorous measures that constitute the after treatment.

**Functions of the Lachrymal Puncta.**—In a note on this subject (*Med. News*) Dr. George M. Gould states that it has been long known that the punctum is surrounded by a series of muscular fibers that have precisely the action of the of a sphincter. This may be demonstrated by inserting a bristle or fine probe into the orifice, when the force with which the foreign body is grasped may be distinctly felt. Dust-particles pass below the punctum, their gravity aiding in keeping them away from the opening of the punctum. The lower punctum being at the very upper border, drains off only the upper and purer part of the little lake of tears, the action of the lids and of the excess of tears washing the foreign bodies easily past the punctum to the inner canthus.

It would, therefore, appear that the sensitive sphincter and punctum constitute a willing gateway for the excretion of tears, but a careful guard or sifter-out of dust, irritating particles and such viscid products of inflammation as would in any way produce stenosis of the connecting drainage system lying beyond and below. The fact would argue for the theory he has advocated as regards the non action of antiseptics upon the gonococcus in the canaliculus, sac, etc. Not only is pus a foreign body, but probably the irritation of the brush employed in making applications, etc., acts as an excitant to punctum contraction. It would also and especially emphasize the value of other methods than those of entire destruction of the sphinctered punctum, in the treatment of functional or tempory lachrymal obstruction. In these days, moreover, of manufacturing and urban life, with an atmosphere increasingly thick with dust, it behooves us to pay particular attention to the preservation of a structure and function so beautifully purposive and so effectively useful to the eye.

**Low Temperature and Phthisis.**—Of all devices which, since its discovery, have been attempted to destroy the bacillus tuberculosis in the body none, perhaps, is more irksome—and, indeed, barbarous—than that of keeping the unfortunate victim of phthisis in a cold temperoture (*Ex.*) as if the normal temperature of the blood were in the very least affected by that of the atmosphere. Nevertheless, such views are held by the Russian physicians who have the care of the health of the Czar's second son, the Grand Duke George, who developed symptoms of pulmonary disease when on his Indian tour. He has, we learn, been spending the winter at Abbas-Tuman, in the Caucasus, dwelling in barely furnished rooms, with little bedding, only a very moderate fire, and the windows continuously open. No doubt the pure mountain air is the chief agent in the effort to keep the disease in abeyance, and not the cold, which has been so severe that his Royal Highness's attendants have suffered greatly from it; and we trust the hopes of the physicians that the Grand Duke will in two years' time have completely recovered may be realized. Very likely he would have done equally well at Davos or St. Moritz, without such a sacrifice of that comfort which phthisical patients so much need.

**Case of Antipyrine Poisoning.**—Dr. T. Sydney Short reports the following (*Brit. Med. Jour.*); A professional man who on three occasions during the last twelve months took five grains of antipyrin for the relief of headache due to fatigue, on each occasion suffered from a precisely similar train of symptoms, differing from each other only in degree, so that the account of one attack will suffice. On March 5th, five grains of antipyrin crystals were mixed with a little water and swallowed, two hours after, there was marked flushing of the face, and four hours after an unpleasant choking sensation was felt in the throat, which passed off in about half an hour, and was followed by redness and swelling of the nose and lips. Within twelve hours a crop of herpes-like vesicles had appeared on the nose, lips and inside of the cheeks; the hands and feet were swollen, red and itching, and the skin of the penis and scrotum and the anal margin were in a similar condition. There was a feeling of stiffness, with pain on movement, in the muscles of the neck, shoulders and

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back, but no rise in temperature, vomiting or collapse. The vesicles on the nose and lips discharged profusely and those in the mouth gave place to small painful ulcers, which entirely prevented any but the very bland est food being taken. Defecation was also accompanied by very great pain. The symptoms gradually subside under treatment, but only disappeared by the end of the week, being followed by desquamation in the portions of the skin affected. In reviewing the history of the case, it was found that the three occasions on which these attacks occurred were the only occasions on which antipyrin had been taken that year, although, previously the drug had been used without any bad result. Fish was thought at first to have been the cause, but this and other articles of diet were satisfactorily excluded.

One point is is worthy of mention; each of these attacks followed the exhibition of the drug in the solid form not completely dissolved, whereas on previous occasions it had always been taken in solution, so that it is possible that the irritating effect had been prevented then by the sufficient dilution.

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**Gout and Phthisis.**—The London correspondent of the *Medical Record* states that, in the course of a lecture Dr. Pye Smith spoke of the relations of gout and phthisis. Referring to the assertion that gout and phthisis were prophylactic against each other, the lecturer said he thought this was an error. He had observed their conjunction more than once; that they did not often coincide was to be expected from their incidence on different periods of life. A similar criticism would apply to the presumed opposition between tubercular and malignant disease. Carcinoma mostly affected elderly persons, while the majority of phthisical patients were young adults. Children with tubercle died before they could develop sarcoma, children with sarcoma died before they could develop tubercle, and adults affected with tubercle too often died before the age at which cancer was most frequent. In a patient of his own, aged fifty-eight, who had died from cancer of the stomach, both old and recent tubercles were found in the lungs.

**Prevention of Cocaine Poisoning.**—Smith recommends (*Med. and Surg. Rep.*) that patients be prepared by giving them a drop of one per cent alcoholic solution of trinitrine a minute before administering the cocaine, repeating the dose at intervals if the pulse be not affected and no pain of fulness in the temporal region be felt. The trinitrine acts almost as rapidly and continues to affect the vaso-dilators for upwards of half an hour longer than nitrite of amyl.

**Dr. Joseph Hoffman** was found dead in bed June 17th, at his home in Mamaroneck, N. Y. He had died of apoplexy during the night. Dr. Hoffman was born in Lebanon, N. J., in 1823, and studied medicine in Philadelphia.

## San Francisco Letter.

Editor MEDICAL REVIEW —

SYPHILIS VERSUS SARCOMATA.—At the last meeting of the San Francisco Medical Society, Dr. Rosenstien reported two operations for sarcomata in patients with a history of syphilis, so marked as to lead him to suspect some connection between the diseases. The report led to a very spirited discussion upon the possibility of the metamorphosis of syphilomata into malignant tumors. The first case, a woman about 52 years of age, had suffered with gummata for years. One of these growths over the calcaneo cuboid articulation was not affected by treatment, and as it gave considerable discomfort it was removed about a year ago. The tumor was examined microscopically and found to consist of the ordinary granular tissue of the gummata. The tumor, however, returned a few weeks since, was examined by Dr. Rosenstien and shown to be spindle-celled sarcoma. The foot was amputated, and the patient is at present well. The second case, also a woman, had general adenopathy from syphilis, and the glands in the axilla had apparently developed into a large, rapidly growing lympho-sarcoma. This was removed, and at a second operation a few days later, thirty-eight small tumors were excised from under the sterno mastoid and the clavicle, during which the internal jugular was opened and ligated. The patient made a rapid recovery, but within the last few days a small tumor has appeared over the sternum. Dr. Rosenstien believed that these malignant growths had developed from syphilomata, particularly in the first case, as there is no doubt that the tumor changed after the primary operation. In discussion, Dr. Montgomery said, Hutchinson had called attention to the abundant cell proliferation in syphilis, and Esmarch to the clinical fact that supposed sarcomata in syphilitic patients often melted under vigorous specific treatment. Dr. Barkan doubted very much the change of a gumma into a sarcoma. Dr. Rosenstien, in reply, suggested that when recognized early and the patient subjected to treatment, the change did not occur, that the continual irritation alone might be the factor that explained the fact; citing the malignant growths in chimney sweepers, parafine workers, in smokers at the anus, on the tongue, etc., where the metamorphosis needed no particular germ, and that in syphilis, in addition to the irritation, we have the tissues already in a state of proliferation. Dr. Kuhlmann looked upon cancer and sarcoma as growths entirely different from those we find in syphilis—that Virchow had shown three changes to take place in tumors, seg-

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mentation, proliferation and retrograde metamorphosis, while syphilis produced degeneration and not metamorphosis. I remember a case which applied at the City and County Hospital about a year ago with a cancer (?) of the tongue. The lymphatics of the neck were involved to such an extent that the surgeon abandoned the operation after the patient was under the anesthetic. The case was then transferred to the service of Dr. Mc Lean for operation, without a doubt of the malignancy of the disease. On examination the man gave me a syphilitic history, and on the suggestion of Dr. McLean, I ordered him larger doses of iodide of potash, and under its influence the infiltration melted like snow before the rising sun, and within two months the patient was discharged entirely well.

In my last letter I called attention to five deaths in this city as the result of criminal abortion, this number has since increased to seven. That is, in this city alone, within a month, there have been seven deaths known to the authorities as being due to professional abortionists, and yet neither of them has not and probably will not be punished.

Our "little pill" friends appear to be taking up the Christian Science fad on this coast. A young man 19 years of age died of typhoid fever in Santa Barbara a few days ago who was treated with "suggestions." In Oakland last week there were three cases. A parturient woman as well as her child died while being urged to "have courage," and told she "had not any pain," and a boy 17 years of age died with meningitis. All these patients were treated by Christian Science, and it may appear that the Scientists were homeopathic physicians and hold licenses from the Board of Examiners, so that they are legal practitioners, and their death certificates received without question. The ordinary homeopath ceases not to talk about them, but to a man "up a tree" it looks as if the system of nothing but prayer is a legitimate development of sugar pellets. S. J. H.

## Buffalo Letter.

Editor MEDICAL REVIEW.—The semi annual meeting of the Erie County Medical Society was held last month. The morning session was given up to routine business. A. L. Benedict and Wm. C. Callanan, of the committee appointed to investigate the use of the metric system, reported that, in reply to a circular, they had heard from eighty-two of the 260 members of the Society, that a decided majority of those heard from favored the adoption of the metric system, that thirty-four used it to some extent, that seventeen used it in most of their prescriptions. Quite a number of other physicians were known to use the metric system and it was official in several local hospitals and dispensaries.

The afternoon session was devoted to an excellent gynecological program for which the Society was indebted to its President, Dr. William Warren Potter, editor of the Buffalo *Medical and Surgical Journal*. The program was as follows:

Actual, Not Text Book, Experience with Cases of Ectopic Gestation. Jas. F. W. Ross, M.D., Toronto, Ont.

The Natural History of Pelvic Inflammation. Joseph Price, M.D., Philadelphia, Pa.

The Relation of So Called Minor Gynecological Operations to Pelvic Disease. L. S. McMurtry, M.D., Louisville, Ky.

Methods of Early Diagnosis of Intra-Pelvic Disease. Chas. A. L. Reed, M.D., Cincinnati, O.

Dr. Ross' personal experience was with thirteen cases, ten of which recovered. Of the thirteen cases, seven were his own and among these there had been but one death, that due to septicæmia which was in progress at the time of the operation. He enumerated among the evidences of ectopic gestation, a considerable period of sterility preceding signs of pregnancy, the history of pelvic disease, and especially of scanty or profuse, delayed, anticipated or missed menstruation. The hemorrhage may be repeated three or more times in a month, or it may be almost continuous. With the passage of the decidua, the patient usually feels sure that she has had an abortion, for the pains may be like labor pains and are apt to be accompanied by a gush of blood due to the separation of the decidua. The breasts in extra-uterine pregnancy may tingle, may be full and may even contain milk. The vagina may be purplish and the cervix soft and patulous as in normal pregnancy. The uterus may be displaced in one of a variety of ways. An irregular, boggy, knotty swelling is felt near the uterus. Some say that the tumor may pulsate but there is no placental murmur, even with the stethoscope in the vagina. A frequent cause of ectopic gestation is gonorrheal salpingitis causing disappearance of the cilia so that the ovum is not discharged into the uterus after fertilization. Ectopic gestation is the only gynecological trouble that will cause sudden ill health in a sterile but healthy woman. Diagnosis by exclusion is important. "If no other pelvic disease can be diagnosed, guess at ectopic gestation and you will probably be right. The history should be elicited without asking leading questions. Many pelvic abscesses are the remains of old ectopic gestations with suppuration in the blood clot poured out. A woman may go around with blood in the abdomen after the rupture of an ectopic gestation, with no sign of trouble and yet peritonitis may supervene at any moment and such a peritonitis is usually septic and hence it calls for immediate operation. Pelvic hematocele is almost always connected with ruptured tubal pregnancy.

In the discussion three specimens of Prof. M. D. Mann's were shown, one being a fetus which had been in the abdomen for thirteen years, during which time the patient had married a second husband and had had two children; one that had remained in the abdomen eight years; the third specimen being a typical example of ordinary extra-uterine pregnancy. Dr. Tremaine referred to some remarks of Dr. Ross about pelvic peritonitis and expressed the belief that there was not only

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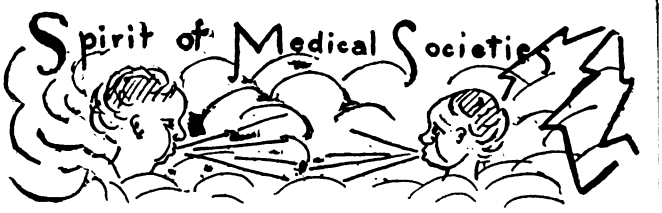
such a thing as pelvic peritonitis, but pelvic cellulitis also. He was sure he had demonstrated it not only in the female but in the male. He did not believe that even in the pelvis all inflammations were due to bacteria.

[TO BE CONTINUED.]




**Iodoform Injections.**—The following advice respecting iodoform injections in tuberculous joint affections occurs in an article by Dr. Andrew J. McCosh (*Int. Jour. Surg.*):

The rule in iodoform injections is that where there is no pus, simply evacuate the fluid through a large aspirating needle or trocar and canula, and then inject your iodoform. If there is pus evacuate it, wash out the cavity with an antiseptic solution until the solu tion flows out comparatively clear, and then inject the iodoform. The iodoform is generally employed in the form of a ten per cent. solution in glycerine and water, or with a certain amount of mucilage. At the first sit ting you should not inject more than twenty-five or thirty grains of iodoform, for if you inject more than this, poisonous symptoms may be developed. Sometimes a distinct reaction follows the injection. The temperature generally goes up two degrees, and soon after comes down to normal and remains so. In some cases operated upon by this method here, there has been no reaction whatever, and the reason for this I do not know. It seems to be a peculiar idiosyncrasy of the patient to the influence of the drug. In the case of this little girl we used six grains of iodoform for the first injection, and the temperature rose to 104° F. The next time eight grains were employed and the reaction was not quite as great as in the first instance. Then I used ten grains and the last time fifteen grains, and, strange to say, after the last injection there was no reaction whatever. There seems to have been established a tolerance to iodoform.

The injections of iodoform should be repeated every ten or twelve days, and the iodoform emulsion should be sterilized before using. The best way to accomplish this is to keep it in a sterilizer for an hour or so previous to injection. I think iodoform injection is worth a trial in every tubercular joint disease. It cannot do any possible harm and a certain number of cases are unquestionably cured by its use.

**Elastic Crayons of Iodoform.**—Dr. Guy (*Bull de Pharm.*) gives the following formula for the preparation of these crayons: Glycerin, 10 drops; distilled water, 16 drops; powdered tragacanth, 1 gm.; powdered iodoform, 12 gm. Beat the gum, glycerin and water to a paste in a mortar, incorporate the iodoform, make into crayons, and dry in an oven at 40–50° C. for two hours. Heat also for half an hour same opodeldoc bottles, their corks and lycopodium. After these have cooled in the oven, introduce the crayons while still warm and stopper the vials carefully

**Congenital Dislocation of the Patellæ.**—Dr. S. Ketch presented to the New York Academy of Medicine (*Jour. Am. Med. Ass'n.*) a little girl who, at first glance, seemed to have only knock-knee, but on flexing the limbs, a complete dislocation of the patella downwards and forwards was observed, and the dislocation could be readily reduced by extending the limb. The deformity was much more marked on the right side. The condition was probably congenital, although it had not been noticed by the mother until recently, as the child was able to walk with no more difficulty than is observed in an ordinary case of knock-knee. Dr. Shaffer had suggested that this was the opposite of the condition which he had described under the head of elongation of the ligamentum patellæ at the last meeting of the American Orthopedic Association.

Dr. John Ridlon said that he had seen three such cases in the practice of the late Dr. Thomas. The treatment had consisted in hammering the deficient condyle with an egg-shaped wooden mallet, and in two of the cases, the treatment had already effected sufficient development to prevent dislocation, and in the other case the treatment had only been just begun.

**Phosphorus in Fevers.**—Dr. J. W. Duncan, of Atlanta, states (*Med. Stand.*), in a paper read before the Georgia Medical Society, that phosphorus is a very excellent nerve tonic and stimulant, acting on the circulation through the nervous system, causing the pulse to be fuller and more frequent, distending the capillaries until free perspiration follows, and from its primary action increasing the heat of the surface of the body slightly. Its secondary effect lowers temperature. It accelerates cell growth in the body. It acts as a diuretic. The urates and urea are greatly increased in the urine; but it should not be regarded as a specific in fever.

**Sea-Tangle Tent in Douglas' Cul-de-Sac.**—At a recent meeting of the Clinical Society of Maryland (Maryland *Med. Jour.*), Dr. J. H. Branham reported a case in which a sea-tangle tent was forced into Douglas' cul-de-sac in an attempt to produce abortion. On February 27, 6 P. M., saw, in consultation, a young married woman of 24; mother of three children; had been about two months pregnant and had attempted to produce abortion on herself with sea-tangle tent three days before I saw her. After leaving it for twenty-four hours she tried to remove it, but simply pulled out the string. Next morning her physician was summoned, but failed to find the tent, although the uterus was

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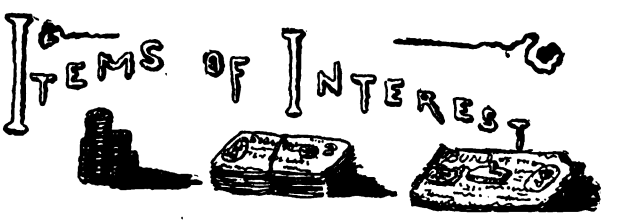
partly dilated and from it issued a bad-smelling discharge. When I saw her, her temperature was 103, pulse 120, abdomen very much swollen and exceedingly tender. The finger could be introduced into the uterine cavity, but no tent was found. An opening in the wall of the cervix was discovered and through this the tent was felt in Douglas' cul de-sac. It was removed through this opening and was found to be about the size of one's little finger. An opening was made into the cul de-sac and a drainage tube put in.

The uterus and vagina were washed out with 1-4000 bichloride. There was a temporary improvement, but she finally died thirty-six hours after I first saw her.

The woman maintained to the last that she introduced the tent herself, and this is probably true, considering the direction in which it was found.

**Supra-Pubic Cystotomy for Enlarged Prostate.**—Dr. A. M. Vance reported a case to the Louisville Medico Chirurgical Society which was of considerable interest. About five weeks ago he was called by Dr. Bates to see a patient seventy eight years of age, who had been for three years subject to bladder trouble. He had occasional attacks of retention of the urine, due to enlarged prostate. The day he saw the case, the patient had ridden fifteen miles, was suffering greatly and could not empty his bladder. Previous to my seeing him, several physicians had failed to relieve by catheterization he at once aspirated the bladder, and, afterward, repeated the operation fifteen times. Then a supra-pubic cystotomy was done making the incision through the site of these sixteen aspirations. The bladder was emptied and washed out. Case progressed nicely for seven days, wound did well, had primary union. The patient was allowed to walk about. The patient was allowed to walk about. On the eighth day, however, he died suddenly, probably from heart clot. No post-mortem examination was made. There was some induration around the site of the punctures. No urine passed through the urethra after the operation.

**The Trade in Deformity.**—There are at present in Paris some twenty *culs de-jatte*, or beggars without legs, whose condition has been brought about not by nature, but by art, says an exchange. In Spain there are wretches who buy children (generally selecting the infirm, deformed, or idiotic) from their parents. When these unfortunate little ones are seven or eight years of age their legs are swathed in bandages so tight as to stop the circulation. The limbs thus atrophy, but sometimes when the child is exceptionally strong, only one leg is a "success," the other being merely anchylosed. In this cruel business perverted religion plays a part, the children being made to believe that they are gaining Paradise. The parents receive 5d. a day for one year, or 10d. if their child is blind or has lost an arm besides. In 1887, M. Waldeck Rousseau, when Minister of the Interior, forbade the *culs-de-jatte* to enter the French territory.




**Dr. Jacob Fischel,** who taught psychiatry at the University of Prague, died in that city last month at the age of 79.

**It is Reported** that Dr. Robert Koch has interrupted his bacteriological studies by marrying a popular danseuse.

**Dr. D. P. Skolosubow,** who held the chair of neurology in Kasan, Russia, died some little time ago, at the age of 53.

**The Medical Council** of Adrianople and a number of military surgeons have decided to organize a medical society in that city.

**Dr. Emil Nagle,** formerly professor of surgery and ophthalmology in the University of Klansenburg recently died at Buda Pesth, aged 75.

**The Bubonic Plague** has made its appearance in Mesopotamia. As the general sanitary surroundings of the country are of the worst type a plague is expected to develope.

**Rotunda Hospital, Dublin.**—The governers of the Rotunda Hospital in Dublin, have decided to build an additional hospital building, and have already raised a large part of the necessary funds for the purpose.

**The Acme of Newspaper Absurdity** is reached by the following dictum enunciated in a usually well-informed Chicago paper:

Insane men may exercise ingenuity in concealing their crimes, and may in many ways render it extremely difficult to detect their madness, but insane men never commit suicide.

**A Rhode Island Law for the Prevention of Blindness.**—A law has recently been passed in Rhode Island similar to those in New York and Maine, part of which is as follows: "Should any midwife or nurse, or person acting as nurse, having charge of an infant in this State, notice that one or both eyes of such infant are inflamed or reddened at any time within two weeks after its birth, it shall be the duty of such midwife or nurse, or person acting as nurse, so having charge of such infants, to report the fact in writing within six hours to the health officer, or some qualified practitioner of medicine, of the city or town in which the parents of the infant reside."

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**Dr. Rudolph Demme,** the well known teacher of pediatrics, died recently at Bern.

**The Keeley Institutes** have received a black eye at the hands of the Commissioner of Internal Revenue. That functionary has decided that each one must pay a retail liquor dealers' license.

**The Alumni Association of the Harvard Medical School** held its second annual meeting and dinner on Tuesday, June 29th. About 260 members sat down to dinner, at which Dr. J. R. Chadwick presided.

**A Case of Hysterectomy** in a child of 9 is reported by Dr. E. H. Bradford in the *Arehives of Pedia trics*. The tumor, which was a papillary cystoma, was about the size of the head of a fetus at full term. The patient made a rapid recovery.

**The Times and Register** has been reduced one half in size, being a large octavo instead of a quarto as heretofore. The number of pages has been increased to 32 and subscribers thus get the same amount of matter in more convenient form.

**Tri-State Medical Society of Georgia, Alabama and Tennessee** will hold its fourth annual session in Chattanooga, Tenn., October 25, 26, and 27, 1892. The membership is not strictly limited to the profession from the States named in the title of the Society, but men of eminence from other States may be elected.

**A Medical Directory** of the State of Missouri is to be issued some time this year. Dr. Bransford Lewis, who has the matter in hand, states that it will be thoroughly reliable, as a thorough canvas of the State will be made, thus ensuring accuracy. If such a directory is published it will be invaluable to the medical profession, journals and manufacturers.

**Dr. Joseph Jones Honored.**—We are pleased to note that the University of Georgia, at its recent commencement, recognizing the eminent services and the distinguished proficiency of Prof. Joseph Jones, M.D., of New Orleans, conferred upon him the degree of LL.D. His many learned contributions to science and literature have long made him deserving such an honor.

**The Death of Dr. John A. Ray,** of Brooklyn, on June 22, terminated a protracted illness on account of which the deceased had been confined to his house and bed since April last. He was a graduate of the College of Physicians and Surgeons, of the class of 1874. He had resided in Brooklyn since 1878, and been surgeon to the Eye and Ear Hospital of that city for the past ten years. He was thirty-nine years old at the time of his death.

**The Lehigh Valley Medical Association** held its twelfth annual meeting at Bethlehem, Pa., on Thursday, July 7, 1892. Dr. John B. Deaver, of Philadelphia, delivered the annual address, the subject of which was "Inflammation of the Right Iliac Fossa Associated with Lesions of the Cecum, the Vermiform Appendix and Adjacent Tissues."

**The "Orificial" Surgeons** "cure" moral insanity by cutting out the rectal "pockets" of the victim (*Med. Stand*) During the discussion on "reflex neuroses in the Neurological Section A. M. A., Dr. J. G. Kiernan said that this "orificial" action did not hold good with Chicago reporters. He knew several who had had their "pockets" cut by the "orificialists," yet remained as great "pathological liars" as before.

**End of a Malpractice Suit.**—Dr. A. F. Reed, of Holyoke, was sued by a former patient named Bissonette, who sought damages on the ground that his fractured leg had been improperly set by the defendant (*Med. Rec.*). The case was tried about two weeks ago and the jury brought in a verdict for the doctor. The patient, as is usually the case when damages are claimed, had repeatedly disobeyed the surgeon's injunctions, getting up too soon, taking off the splints, etc., and withal there was shortening of less than two inches. The medical testimony was wholly favorable to the defendant, proving that he had managed the case intelligently and skilfully, and that whatever want of success there was arose entirely from the patient's negligence and disobedience to the attendant's orders. We congratulate Dr. Reed on the vindication he has received, while sympathizing with him in the trouble and expense to which he has been put in defending himself from a groundless accusation.

**The Mortality of War.**—In the past century it is estimated that over nineteen million persons have been killed in the wars of civilized countries, and twelve hundred millions during the last thirty centuries (*Ex.*). Flammarion, the astronomer, makes some curious calculations regarding this mortality rate. The blood of the victims would amount to eighteen million cubic metres. This quantity of blood weighs 18,900,000,000 kilogrammes. It is an unfailing stream, which every hour since history began has unceasingly poured 680 litres of blood to dye the royal purple worn by the occupants of imperial thrones. If the 1,200,000,000 skeletons should rise and climb one upon another the ladder thus formed would reach the moon, coil about that body, and, continuing onward, would mount into infinite space four times as far again, that is, 500,700 leagues in height. The corpses, if thrown into the channel at Calais, would form a bridge between France and England and separate the ocean from the North Sea by a weir. If only the heads of the men slaughtered in war were taken and placed aside by side, a band would be formed reaching six times around the world.

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**Professor Gottlieb Gluge,** one of the oldest microscopical pathologists in Germany, celebrated his 80th birthday on the 18 ult.

**An International Congress of Dentists** will be held at Chicago in August, 1893, during the World's Fair, at which, in addition to the discussion of subjects of technical interest, special committees will deal with such questions as the provision of dental relief for the poor and the appointment of dentists for the army and navy.

**A Commission** has been appointed by the Portuguese Government to arrange the details of a plan for the organization of all the official statistical departments of the kingdom. The *Correio Medico de Lisboa* expresses its satisfaction at the prospect of obtaining authentic medical statistics as regularly as the meteorological records supplied by the Observatory at Lisbon.

**A Quarantine Station at Tunis.**—It has been decided to build a lazaretto at Tunis for the reception of Europeans subjected to quarantine. The new lazaretto is to be constructed in accordance with the most advanced principles of sanitation, and when it is completed the old one at Carthage which from its situation on an increasingly frequented part of the coast is to the public health, will be closed.

**Jenner in Japan.**—At the request of the Consul General of Japan, Mr. Okoshi, Mr. Ernst Hart has collected a series of engraved portraits of Dr. Edward Jenner, and a photograph of his statue in the metropolis, for a committee of Japanese doctors, who, impressed with the enormous benefits which vaccination has conferred upon their countrymen, are taking steps to erect a public statue to that medical benefactor of mankind.

**The Epidemic of Small-Pox in Belgium.**—The epidemic of small pox which has been raging since the beginning of the present year at Tournai, St. Nicolas, Mechlin, Liege, and other towns of Belgium, is now subsiding. In the week ending May 28, there were only two deaths from that disease at Roulers, four at Mechlin, two at Aalst, four at Liege. No death was reported from Tournai, but, on the other hand, there were thirteen in Seraing and its neighborhood, where the disease only appeared about the beginning of June.

**Death of Mr. Colles.**—We have to announce the death of Mr. William Colles, Surgeon to the Queen in Ireland. He died at his residence, 21 St. Stephen's Green North, on Saturday morning, June 18, in the eighty-third year of his age. Mr. Colles, who was the son of the celebrated Abraham Colles, was born at 13, Stephen's Green in 1809. He entered Dublin University, where he graduated in Arts in 1831, and in 1841, he took the degree of M.B., and in 1865, of M.D. He became a Licentiate of the College of Surgeons in 1831, a Member in 1837, and a Fellow in 1844.

**Fatal Fly Sting.**—The sad accident which has deprived Mr. Balfour of his secretary, Mr. Frank J. Woods, is happily one of rare occurrence, although the conditions for it are only too prevalent (*Lancet*). Mr. Woods died, after about ten days' illness, from erysipelas and septicemia supervening on a sting on the lip inflicted by a gadfly. It was conjectured, and doubtless with truth, that the insect must have been in contact with a diseased animal; but the transference of putrescent material from any source it may have been made by the gadfly to the wound it inflicted on a highly vascular part. The only thing to be done under such circumstances is to subject the wounded part to powerful suction; and in the case of a bite on the lip this may be done fairly effectively by the individual himself, for only in this way is it at all possible to extract the poisonous material. Yet this measure may fail to effect its object, since the facilities for rapid absorption are so great and the point of entrance of the poison so minute.

**Keeley in England.**—The "peripatetic" correspondent of the *Hospital Gazette* writes as follows:

A few weeks ago I announced that some enterprising Yankees had arrived in England to exploit the "gold cure" for inebriety, or as it is termed after its inventor, the Keeley treatment. They have now commenced operations, and I observe from an advertisement in the *Star* that a meeting was held on the 17th inst. at the Westminster Town Hall, to promote the object of the exploiters, at which Dr. Keeley, Dr. James Edmonds, of the London Temperance Hospital, N. W., Dr. Kennedy, Hanover Square, W., Mr. A. Scholfield, of the United Kingdom Alliance, Mr. Paterson, Liverpool, and others are stated to have made remarks on the importance of the movement in Great Britain. I will not answer for the other gentlemen, but I will give Dr. Edmonds credit for more sense than to commit himself to any statement in favor of the treatment unless informed as to the details of the method, and, as the secret is said to be known to but three in the world and will not be divulged to any Britisher, I think his name is being used in a manner calculated to mislead. If he is in favor of the treatment being carried out on the lines the promoters are following, he should say so boldly, but if not he should take steps to have his name withdrawn from all advertisements relating to the treatment. This much he owes to the profession as well as to the public.

I think I am right in stating that the promoters are trying to obtain the services of an English doctor to be their tool in working the treatment, but I hope no registered practitioner will give himself away in this manner. Without the aid of a registered medical man the "gold cure" cannot be "boomed" in England, and the Yankees would, doubtless, soon pack up their traps and return to the States. The dangers of the treatment are such that a doctor must be available to sign certificates of death in case of patients dying under treatment, a by no means improbable contingency.

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**Agathin** is the latest antineuralgic. Chemically it is known as salicyl a methylphenylhydrazon.

**Dr. Weir Mitchel** has made a discovery, not in the line of physiology but of poetry says a malicious cotemporary. He has found a gentleman who writes poetry with thought in it, and our distinguished colleague justly celebrates the event.

**The Death of Sir William Aiken** occurred on June 27. He was one of the best known of the medical officers of the English army, and for a number of years was professor of pathology in the Army Medical School at Netley. He was the author of a well-known and deservedly popular text book on the theory and practice of medicine and was a member of many British and Continental medical societies.

**Board of Medical Examiners of the State of North Carolina.**—Session was held in Wilmington, N. C., May 16, 17, 18, 19, and 20, 1892. Dr. W. H. Whitehead, President; Dr. L. J. Picot, Secretary. Two examinations were held daily, with three on Wednesday. Examinations were written. Standard, 80 per cent. Of the 69 applicants who presented themselves for examination, only 45 were granted licenses, or 65.2 per cent. Dr. E. J. Buchanan, of Salisbury, made the highest grade on all branches, and to him, therefore, was awarded the "D. Appleton & Co. Prize."

**Cancroin.**—Prof. Adamkiewicz is now carrying on experiments with a new remedy for cancer in the surgical clinic of Prof. Albert, in the Vienna Allgemeine Krankenhaus. Adamkiewicz is professor of general and experimental pathology at the Austrian University of Cracow in Galicia, and devotes especial attention to neuro pathology. He is a very ingenious man, and his works upon intracranial pressure have directed the attention of scholars to the subject. Some time ago Prof. Adamkiewicz read a paper before the Imperial Academy of Science at Vienna, on a new remedy for cancer, which he termed "Cancroin."

**It is Quite a Fad at Present** with some men here to administer mercury by subconjunctival injections for ocular syphilitic disease (*Ex.*). The good results of the local injections are more evident in old cases than in those of recent acquired syphilis. At Dr. Abadie's clinic these injections are made in cases of sympathetic ophthalmia, it is claimed, with great benefit. A dose of $^1/_{20}$ to $^1/_4$ of a milligramme of bichloride in solution is injected every two days, or more or less frequently according to the effect. It will, I believe, be some time before these conclusions will be generally accepted. Only a short time since, a Paris oculist treated sympathetic ophthalmia by injecting the bichloride solution into the vitreous chamber. On the strength of this advice it was tried on a case in which I saw the atrophic globe enucleated a few weeks later.

**Incurable Cases Cured** is the rather startling title which we recently saw in a homeopathic journal. The impossibility of the impossible has finally been done away with—in an infinitesimal dose.

**A Correspondent** of an English cotemporary who solicits the sympathy of the readers of the *Echo* tells a dreadful story of a child of his, a patient in St. George's Hospital, who was compelled by circumstances, and permitted by inattention, to slake his thirst with his "washing water." How to prevent patients drinking the water after washing in it is a problem that might well engage the "careful consideration" of hospital authorities and philanthropists. This correspondent's second complaint is more serious. He states that his son, who had been twenty-two days in bed with fever, suddenly turned up at home in a semidelirious state, with only his boots, trousers, and jacket on—enough for decency, perhaps, but assuredly not enough for comfort or safety. He took the boy back to the hospital and left him at the ward door on the second floor, to go to bed. The most extraordinary part of the story is that, according to the father's statement, the departure of the patient, his absence for three hours, and his re-entry, remained unnoticed until he himself called attention thereto. We must await the revised version of this story before expressing an opinion, so utterly incredible does it appear on the face of it.

**A Chinese Patent Medicine.**—A magazine writer gives the following translated extract from an advertisement in the *Shen Pao* of a "Fairy Receipt for Lengthening Life" (*Ex.*):

This receipt has come down to us from a physician of the Ming Dynasty. A certain official was journeying in the hill country when he saw a woman passing southwards over the mountains as if flying. In her hand she held a stick, and she was pursuing an old fellow of a hundred years. The mandarin asked the woman, saying, "Why do you beat that old man?" "He is my grandson," she answered; "for I am 500 years old and he 111; he will not purify himself or take his medicine, and so I am beating him." The mandarin alighted from his horse, and knelt down and did obeisance to her, saying, "Give me, I pray you, this drug, that I may hand it down to posterity for the salvation of mankind." Hence it got its name.

It will cure all affections of the five intestines and derangement of the seven emotions, constitutional debility, feebleness of limb, dimness of vision rheumatic pains in the loins and knees, and cramps in the feet. A dose is ½ oz. Take it for five days and the body will feel light; take it for ten days and your spirits will become brisk; for twenty days and the voice will be strong and clear and the hands and feet supple; for one year and white hairs become black again, and you move as though flying. Take it constantly and all troubles will vanish, and you will pass a long life without growing old. Price per bottle 3s. 3d.

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**The German Anatomical Society** held its sixth meeting at Vienna, June 7-10. This is the first time it ever met outside of the German Empire.

**The Republic of Chili.**—The *Revista Medica de Chile* estimates the loss of life in the recent civil war at 10,000. The sanitary condition of the Republic, alike in town and country, is described as deplorable. "Small-pox," says our contemporary, "that perpetual sore of our country, goes about everywhere as in its best days," working havoc both in North and South; such are its ravages in some places that the situation is beginning to alarm even the authorities, which it is insignificantly added, is saying a great deal. Yellow fever the Chilenos ever have at their gates, and though they appear to have escaped influenza so far, the *Revista* expresses a fear that it may visit them next.

**Two Children Poisoned by Hemlock.**—Two little girls, sisters, aged four and nine, were unfortunately poisoned by hemlock at Newton Hall, near Corbridge, last week. The children were playing in a field where their mother was working and found the poisonous plants which were growing in a quarry hole near at hand. The younger child died the same night, and her sister the next day. The rector of the parish has written to the papers to urge the necessity of making children acquainted with the poisonous plants of their district; he considers that this instruction might be very well given in the schools.

**A League of Quacks.**—Alarmed probably by the stringent provisions of the proposed new medical law, the irregular practitioners of France—bonesetters, magnetisers, mediums, masseurs, *et hoc genus omne*—have formed a league for the defence of their "professional" interests. They have issued a manifesto, addressed apparently to the universe at large, which may be described as a declaration of the Rights of (unqualified) Man. In this interesting document they insist on the indefeasible right of the citizens of a free State to practice the healing art without the previous training which pedantic legislators consider necessary, and protest against the "protection" which the State accords to regular practitioners.

**Spread of Fever in London.**—From the returns presented to the Asylums Board at their last meeting, it appears that scarlet fever cases are increasing rapidly. Recently there were 2,140 fever patients in the various hospitals under the management of the Board, of whom 1,850 are suffering from scarlet fever. This number has never been exceeded at this period of the year in the annals of the Asylums Board. In view of the unusual pressure for ward space, the Asylums Board has suspended all cleansing operations which might interfere with the use of the wards. Plans are being arranged for the erection of tents, if necessary, and by this means nearly 1,000 beds have been provided, or are in course of provision.

**Put Off** the presentation of your bill for a year, and the patient will conclude that your services were worth but little, and that you knew it. Correct!

**The National Popular Review,** an illustrated journal of preventive medicine, is the title of a new monthly which appeared July 5, Dr. P. C. Remondino, of San Diego, California, is the editor and J. Harrison White is the business manager. It will be issued from a number of different points, New York, Boston, Chicago, New Orleans, etc., but San Diego will be the main office. It promises to be a journal for the profession and people. It is a handsome octavo and will prove a success.

**Post-Mortem Delivery.**—Another remarkable case connected with the post-mortem state is reported by Dr. Bleisch (*Occ. Med. Times*). A woman at term died during labor from some cause or other before delivery was completed, in the presence of the midwife The doctor, who arrived two hours later, verified the condition of things, but did not extract the child, and the corpse was laid in the coffin five hours after death, without anything unusual being noticed by those present. Three days later the coffin was reopened for the purpose of performing a necropsy, when it was found that the child had meanwhile been expelled, the womb being everted and protruding beyond the genitals. The connection between fetus and placenta was intact. How such an event can come about, whether merely in consequence of the formation of gas in the abdominal cavity or by the occurrence of post-mortem contractions of the uterus or otherwise, it is impossible at present to state.

**Mata, the Goddess of Small-Pox in India.**—A striking account of the difficulties attending on the attempt to extend the practice of vaccination in India is given by Surgeon-General Sir William Moore. The chief obstacle is superstitious prejudice. The population firmly believe variola to be under the control of the goddess "Mata," in whose honor temples abound and fairs are held, where thousands of women and children attend with offerings. The declivities of most of the numerous conical hills present either a reddened stone or temple devoted to "Mata," with most probably an attendant Brahmin priest. Nearly every village has its goddess of small-pox in the immediate locality, and in many places a large piece of ground is esteemed holy and dedicated to "Mata." The people do not pray to escape the affection, unless in seasons when it occurs with more than ordinary violence. They do, however, petition for a mild visitation. But even the loss of an eye does not appear to be viewed as a very serious calamity! "Is there not another eye sufficient for all our purpose?" questioned one of these stocial philosophers. "If it were the leg or hand, it would be different, but an eye is immaterial."

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**Dr. John Ridlon** has resigned his editorial connection with the *Epitome of Medicine* in consequence of his permanent removal to Chicago. Dr. Henry L. Shively will hereafter conduct the orthopedic department of the above publication.

**The Rhode Island Medical Society** elected the following officers at its last annual meeting:

President—W. H. Palmer, Providence.
Vice-President—Robert F. Noyes, Providence.
Secretary—George R. White, Providence.
Treasurer—George L. Collins, Providence.
Librarian—George D. Hersey, Providence.

**An Ovarian Cyst** in a girl twelve years of age is reported in the *Medical News* by Dr. Charles F. Davidson. A postmortem examination (the parents refused to permit an operation) showed the cyst to be multiloc ular and containing a gallon of fluid; then the solid part of the tumor weighed 20¼ pounds. The growth had not occupied more than 11 weeks in development.

**The American Association of Genito-Urinary Surgeons.**—At the recent annual meeting officers for the ensuing year were elected as follows:

President—Dr. E. R. Palmer, of Louisville.
Vice-President—Dr. L. Bolton Bangs, of New York.
Secretary.—Dr. J. A. Fordyce, of New York.
Member of the Council—Dr. J. P. Bryson, of St. Louis.
Delegate to the Congress of American Physicians and Surgeons—Dr. R. W. Taylor, of New York.

**The Trouble in the Toledo Medical College** does not seem to be settled yet. Our readers will remember that Dr. W. G. Gardener was accused of having preferred charges against the college with the Illinois State Board of Health. In a recent letter to the Toledo *Blade*, the doctor denies this, but he prefers serious charges against the faculty and board of trustees alleging that they permitted students to graduate who had not complied with the requirements laid down. He states that "of the eight who graduated last spring not more than one or two had fully complied with these requirements."

**Dr. C. W. Moore** in a late number of his journal publishes a cut of a house with the following underneath:

"RESIDENCE OF DR. C. W. MOORE,

—Editor and Proprietor of—

*The Pacific Record of Medicine and Surgery,*

Corner Van Ness Avenue and Bush Streets.

Consulting Physician and Specialist, in the applicatioh of Electricity in all forms of disease. (Apostoli's Method)."

O Tempora! O Mores!

**A New Military Hospital** is to be built at Ismidt, Turkey, an Imperial command having been issued to this effect.

**The Manufacture of Artificial Ice.**—Ice was artificially produced in India long before the invention of machines for the purpose (*Med. and Surg. Rep.*) a fact not generally known. In the upper provinces, water was made to freeze by exposing it during cold nights, in porous vessels, or bottles wrapped in a moistened cloth. In Bengal, shallow pits were dug, and filled nearly full with dry straw on which were sat flat, porous pans containing the water to be congealed. Exposed over night to a cool wind, the water evaporated at the expense of its own heat, and the consequent coolness took place with sufficient rapidity to overbalance the influx of heat through the cooled air above, or through the badly conducting straw below.

**Baron Hirsch and Medical Charities.**—There is a great deal, says *Truth*, both written and spoken concerning the demoralizing influence of racing, but as regards Baron Hirsch we have apparently a strong argument to the contrary. Baron Hirsch is just now distributing amongst the London hospitals a further large sum, the result of his winnings in the 1000 Guineas, the Oaks, and various other races, including the Derby, in which La Fleche ran second. Sums varying between £300 and £500, before these remarks see the light, will have been allotted to several deserving charities, and amongst others the Victoria Hospital for Children, Queen Charlotte's Hospital, the London Hospital, the North West London Hospital, St. George's Hospital, and the Hospital for Sick Children in Great Ormand-street will have benefitted by the millionaire Baron's munificence. In future the running of Baron Hirsch's horses will be watched by the public with increased interest, seeing that his profits on the turf are apparently to be devoted to the relief of the sick poor.

**Leprosy at the Cape of Good Hope.**—The Governor, with the advice of the Executive Council, has made, within the last five weeks or so, some important "General Regulations" under the provisions of the "Leprosy Repression Act." It now is the duty of "every field cornet and police-constable forthwith to report to the resident magistrate of the district the existence of any case of leprosy which may come to his knowledge." Europeans who are lepers are to be kept in wards into which "native or colored" lepers are not allowed to go; the sufferers are to be classified "as far as possible" according to their condition of disease; notice of the serious illness or death of a leper is to be at once sent to his nearest relative by the medical officer in charge of the case. Visitors are not to be allowed "to enter any ward set apart for lepers or to visit a leper" without a permit from the medical officer in charge. The only person who has right of private access to a leper is his legal adviser.

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**Dr. Pravaz,** of Lyons, the son of the well known inventor of the French hypodermic syringe, died recently.

**Dr. F. X. Dercum** has been recently elected to the Chair of Nervous Diseases in the Jefferson Medical College of Philadelphia.

**Dr. Herbert Fearn,** fifty-eight years old, of Brooklyn, died on Saturday, June, 25, of fatty degeneration of the heart. Dr. Fearn, who was born in England, came to America when he was eight years old. He was graduated from the New York University Medical College and had been in active practice nearly 35 years.

**Frigidity of Women.**—A French writer has recently spoken of this defect and we extract the following from a translation which has appeared in the *Medical Age*: I shall, therefore not astonish any of my readers, who must naturally be more or less informed on the subject, in stating that there are passionate women who yield themselves up with transport, who would brave all to give and procure the supreme ecstacy of pleasure; but, again, there are not a few others—insolvent debtors, impalpable succubi—who, in place of dreamy expansion, persist in repelling frigidness. They are not to be illuminated; they rest inanimate and nonchalant. Their dubious sensibility seems congealed; their tenderness is furtive, unsubstantial. They are thus obliged to remain passive, or rather to simulate and play comedy after the manner of one of the greatest tragediennes who—if we may trust her indiscreet confidences—has always conserved her coolness of temper and her placidity, despite the innumerable guests who have traversed her hospitable boudoir.

**Commonplace Advice of a New York Physician.**—According to the *Pacific Medical Record* a New York physician thinks that "nearly everybody eats far more than is necessary." Among his patients those who eat the least got over their mullygrubs the quickest, while those who eat the heaviest are ill the oftenest. His experience shows that half the ailments of life are brought about by overeating or drinking. He, himself, takes a light breakfast, perhaps eggs on toast or fish with potatoes or a bit of cold chicken or something of the kind and a cup of coffee. At noon he takes milk, with a few crackers or else some California fruits. At 6 o'clock he has a hearty, but not heavy dinner, with some fish, meat, vegetables, bread and a few glasses of light wine. He does not eat over a pound and a half of solid food a day, though he is more robust than most men and is never troubled with any of the hundred complaints that are the results of overeating. He advises you to eat lightly, be careful what you eat and take your time in eating. This looks like commonplace advice, by his fee for it, without any pills, is $10.

**Summer Pruritus.**—Good results are obtained in the treatment of heat eruptions and summer pruritus from the following locally applied (*Med. Stand.*):

℞ Sodii salicylat, - - - - - ℥ij,
Glycerin.,
Listerine, - - - - - aa ℥vij.
M.

**Bronchitis in Children.**—Dr. Hare gives the acute stages of bronchitis in children (*Med. and Surg. Rep.*):

℞ Tr. aconiti, - - - - - gtt.xij.
Syr. ipecac, - - - - - ℥jss,
Liq. potassii citratis, - q.s. ad. ℥iij.
M.
Sig. One teaspoonful every three hours.

For the latter stages:

℞ Ammonii chloridi, - - - ℥j.
Ext. glycirrhizæ fl., - - ℥iv.
Aquæ dest., - - - q.s. ad. ℥iij.
M
Sig. One teaspoonful three times a day.

**Diphtheria** is prevented in a measure from spreading, according to Dr. J. Lewis Smith (*Med. Rec.*), by keeping a quart of water containing two tablespoonfuls of the following solution simmering on a stove in the sick room:

℞ Acid. carbolic.,
Ol. eucalypti, - - - aa ℥j.
Spt. terebinth, - - - ℥viij.
M.

**Collodium Carbolisatum.**—Carbolic Collodion (*Prescription*):

℞ Acidi carbolici, - - - - ℥ss.
Olei ricini, - - - - ♏xxx.
Collodii, - - - q.s. ad. ℥j.
Solve et misce.

**Malarial Cachexia.**—In the Jefferson clinic, for three sisters, all of whom had malarial cachexia, Prof. Da Costa prescribed the following treatment for all (*Coll. and Clin. Rec.*): Rochelle salts, ℥ss daily, before breakfast, to keep the bowels freely open, and—

℞ Ferri sulphatis, - - - gr. ij.
Cupri sulphatis, - - - - gr. ½.
Arsenious sulphat., - - - gr. 1/40.
M.
Sig. Three times a day.

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**Drunkenness** may be a disease, but its victims seem more willing to pay for the symptoms than for a doctor.

**Lecturer in Paris.**—Where, where do we find the complexions of the American Women?

Voice from Audience.—In ze American drug stores.

**They Say** X——has water on the brain.

Where did he get it?

What—the water?

No—the brain.

**Medical Science** has made such progress, said the doctor when speaking of his profession, that it is almost impossible for any one to be buried alive now. Then he wondered why every body laughed.

**Mrs. Snooks.**—My husband has been ailing for some time, and medicine does not seem to do him any good.

Mrs. Brooks.—Why don't you try the mind cure for him?

Mrs. Snooks.—Because, he hasn't any mind to cure.

**Would't Work.**—A little Topeka three year-old boy, feeling stuffed up with cold one morning was asked by his aunt, "How, do you feel, Charlie? Don't feel, said Charlie, my nose won't work. The next day the cold had broken, when she asked him the same question. Feel bad, said Charlie, my nose works too much.

**Which** is the aching tooth? inquired the dentist.

This one, said the sufferer, as he pointed out the offender.

Ah, yes, I see. Bicuspid.

What?

Bicuspid.

I'll buy anything, doctor, if you'll only jerk the tooth out; though it looks a little mean to take advantage of a man in this fix. What are your cuspids worth?

**Mr. Chugwater** was groaning on his bed. Mr. Chugwater's weight is nearly 300 pounds, and the bed was groaning too.

Where is the pain, Josiah? inquired his wife, sympathizingly.

In the small of my back, of course! he snorted. Where do you suppose a man has the lumbago?

You must be mistaken, dear, said Mrs. Chugwater soothingly. You haven't any small of the back.

**French Railroad Surgeons.**—The following extract from *La France Medicale* shows that the railway companies of continental Europe are beginning to adopt the American plan of employing company surgeons (*Railway Age*):

On all French railroads, even those of slight importance, having a physician in charge, there are medical chests on the trains. A principal physician, at a salary of $1,000, is supposed to supervise all the roads in France. The appointment has been abrogated, as no one man can inspect all the roads. Each company now has its own physician and surgeon to do the inspection formerly done at the expense of the State.

**Why He Flagged the Train.**—One of Michigan's railroad companies decided to establish a freight and ticket office at R——, a small flag station in the Southern part of the State, and the grocery keeper of this hamlet was commissioned as agent (Detroit *Free Press*). The first morning he awoke about 5 o'clock, and hearing the "limited" whistle in the distance, hurriedly slid into his trousers, and without stepping to finish dressing dashed down the stairs, flag in hand, ran out upon the platform and began wildly waving the flag across the track. The train stopped; the conductor alighted and seeing no one but the agent in sight turned to him with the inquiry:

"Where's your passengers?"

"Haven't any," replied the agent as he made another grab to keep his trousers from dropping down.

"Then why in thunder did you stop us?"

"W-well, I—I—thought perhaps there might be someone on who would want to get off here."

**Baltimore & Ohio Surgical Service.**—We are pleased to note the appointment of Dr. L. McLain Tiffany, of Baltimore, Md., as Surgeon-in-Chief of the B. & O. Railway system, says the *Railway Age*. Dr. Tiffany is well known, not only in the East, but as a practical, scholarly and scientific professional gentleman throughout the entire country He is Professor of Surgery in the University of Maryland, Surgeon of the University Hospital of Baltimore, and a member of the American Surgical Association, the American Medical Association, and many other scientific societies. The advance step which the management of the B. & O. company has taken in placing their surgical department under the management of a competent professional gentleman is a long way in advance of the system which has heretofore obtained on that road, of having a layman at the head of the surgical department as Superintendent instead of a chief surgeon. A lay man may be ever so competent for attending to the clerical work, but it is always embarrassing for surgeons to make reports of cases to non professional gentlemen, who of necessity cannot appreciate the force of these professional reports.

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# MEDICAL REVIEW.

A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.

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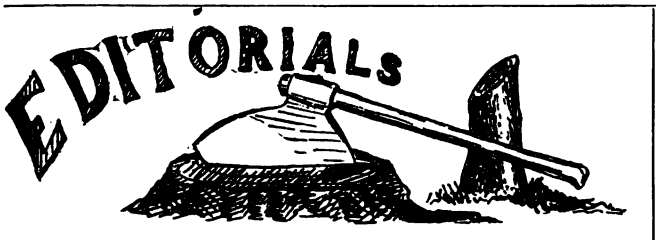


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Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

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## Nostrums for Inebriates.

Our readers have possibly noted that we have kept track of Keeley and his doings both at home and abroad. His business has proven so profitable that he has found a host of puny imitators who cannot reap the golden harvest he has gathered except by the exhibition of more boldness. Even with this and aided by the gullibility of the people and by the opposition of the medical profession they can present but a sorry front. The only resource left is to issue nostrums for inebriates, and there are already rumors of such being in contemplation. Some remedies have been produced which are steadily working their way to the front, simply because they are intended for the profession alone. Their formula is published and the doctor who uses them knows what kind of instruments he is handling and has the responsibility laid upon him of having to be guided by his knowledge and of basing his directions upon the indications furnished by each individual case. No honest preparation has ever been offered with the claim that it would cure all or any case. All the Keeley clap-trap is not required, but treatment is administered in a rational manner by means of rational remedies.

Keeley has not met with the howling success he anticipated in London. He has had recourse to letters in the Metropolitan newspapers and medical journals. One of his late effusions appeared in the *British Medical Journal* and breathed personality and abuse. His attack directed against Dr. Norman Kerr was answered in the same number by that gentleman who has not left his reader in any manner of doubt as to his position or that of the English profession in regard to Leslie E. Keeley, M.D., LL.D.! The *Journal* editorially makes the following statement: "We publish in another column a letter from a physician who claims the parentage of the 'gold cure' for drunkenness. This gentleman claims, it will be seen, a somewhat smaller percentage of 'cures' than do the proprietors of some other secret nostrums who go so far as to avow the principle of 'no cure, no pay.' The chief proprietor of the 'gold-cure' announces his intention at no distant time to appeal to the profession in what is considered 'the proper manner.' He has had a good many years to consider the advisability of doing so. The proper manner is to state what his 'cure' is, and how it is to be used; but that might interfere with the operations of the syndicate, who, Dr. Kerr intimates, are asking the modest sum of £150,000 for their secrets. A long and melancholy experience of these secret cures should by this time have taught mankind how to estimate such claims at their true value. The antagonism of strychnine and belladonna to inebriate craving is no secret, and the profession have had the means of studying the limits of its usefulness. If Dr. Keeley has any other antagonism to disclose it will be to his credit not to delay taking the 'proper means' of making its name and nature known. Thus far his methods are not those which an honorable profession can countenance. The very name given to the 'cure' breeds suspicion, for experience of double chloride of gold and sodium has not shown it to possess any such antagonism. Moreover, we are informed that in the report of the Committee on Nostrums, Proprietary Medicines, and New Drugs, presented to the American Association for the Study and Cure of Inebriety, December 4, 1890, published in *The Quarterly Journal of Inebriety*, Hartford, Conn. U.S.A., Dr. S. W. Abbott, Health Officer of the State Board of Health of Massachusetts, stated that the report of Dr.

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F. Davenport, the State Analyst, gave 'the Keeley double chloride of gold cure' as showing no reaction indicating the presence of even a trace of gold. It is possible that this is not always so, for secret preparations are not always necessarily identical or uniform in composition. Thus the 'cure' comes before the world tainted with a manifold suspicion from the mercenary and speculative character of the financial proposals which accompany its introduction into this country; from the concealment of the 'menstruums' in which the chloride of gold (if any) is suspended; from the discord between the published analyses and he market name of of the nostrum so highly vaunted; and from the striking failures and deaths among the very 'cures' heretofore most prominently boasted. The element of 'secrecy,' however, if not professional, may be profitable to Dr. Keeley, as it has to Holloway, to Morrison, and to other secret medicine venders. *Omne ignotum pro mirifico* is a maxim of which the vendors of well puffed proprietary nostrums have always had an affectionate estimation; and Carlyle's census of the foods encourages them to maintain it. Some men who ought to know better will, no doubt, be caught by the philanthropic verbiage with which the bargain is clothed."

What need is there of saying much more. The Keeley craze is a *fin de siecle* affection. There is now a craving for inebriety nostrums and the manufacturers of quack remedies will have to discard liver regulators, kidney cures, and malaria killers for the more easily sold and lucrative alcohol habit exterminator. The brain pad will take the place of the liver pad. The anti-alcohol insufflator will be popular with those who have used Rev. Wilford Hall's injections of water in the colon and a complete revolution in the therapeutics of quackdom will have been accomplished if the present craze continues, unless judicious and judicial measures be taken to put down the whole matter at one earnest blow.

While it is true that the people are free to pursue whatever methods appear to be best to them, they certainly have no right to render themselves insane and become a burden upon that portion of the community which still retains its mental equilibrium and sense. It is for this reason that nostrums for inebriates should be discountenanced; and, if the matter assumes dimensions sufficiently serious to warrant such a course, they should be placed in asylums conducted by honest, reputable, and competent physicians, because such are the only conditions by which they can be restored to their usefulness as citizens and decent members of the communities in which they live. This does not mean to say that, as in insanity, there are not cases suited for home treatment. Far from it. Tne majority are probably of such a nature and efficient treatment could be administered by that most trusted individual—the family doctor. This is the only honest and rational method. The inebriate nostrum is a fraud upon its face and savors of its origin, displaying all the characteristics of its parentage.

**Theaters and Tuberculosis** are more closely related than many imagine. Mr. Henry Irving recently spoke at a festival dinner of one of the hospitals for consumptives in London. He made merry, says the *Press and Circular*, over a letter, written to him by a medical man, suggesting that if the theaters were kept closed the hospitals for consumptives might be reduced one-half (*Journal American Medical Association*). The idea of the letter-writer was that the systems of ventilation of theaters were so villainously bad, that those who subjected themselves to incident exposures to draughts and sudden changes of temperature took their lives in their hands, when going to these places of amusement. The specific cause of tuberculosis may or may not be propagable in the various illy ventilated halls where pleasure seekers gather, but there is enough of old-fashioned truth about the belief that many a case of lung-trouble has taken its rise in the "bad cold" that was caught at the theater. Possibly a subsequent want of care and treatment, together with some mysterious bacillary implantation at a time when it could do the utmost harm, have been necessary to convert these cases of "cold" into phthisis, still there may be a justly chargeable contributory element for the theater to sustain. The question of properly ventilating a place of public resort has been solved time and again by experts in that department, and it resolves itself down into a question of cost. If the money is freely supplied for the purpose, any given building can be adequately ventilated, just as certainly as it can be rendered safe against fire. But the money cannot commonly be spared for these objects—it is required to be spent upon some tower, or pinnacle, or other architectural embellishment.

**Danger in Fruit** is not a mere phantasy. As is very pertinently said by the *Dietetic and Hygienic Gazette* that spoiled fruit is not a fit article of food is well known, even to people who are ignorant of the laws of health. The Boards of Health of our cities make a feeble but praiseworthy effort to protect the people against the unscrupulous vender. A more energetic warfare would not only redound to the credit of the health authorities but also prevent much of the gastro-intestinal trouble which excessively high temperature followed by cooler night air frequently produces during the summer solstice.

We desire more especially to refer to another more serious objection to the street fruit venders' wares, viz: the fact that investigations made in one of the German University towns have demonstrnted that tubercle bacilli find a favorite lodging place on fruits by means of the street dust. It occurred to this investigator to examine some bunches of grapes offered for sale on a fruit stand which was frequently passed by the patients from the University clinic. To his great surprise the washings from these grapes contained numerous tubercle bacilli.

The lesson to be drawn is the same which has been

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constantly inculcated in these pages—cleanliness in health and disease. All fruit should be carefully washed before using. This rule is observed in the best households, but members of the latter will not hesitate to purchase fruit temptingly displayed at some busy street corner and eat it while walking from place to place. In a busy thoroughfare numbers of tuberculous patients pass to and fro, mingling their expectoration with the street dust, which, with the addition of other more palpable impurities, lodges upon the moist surfaces of fruits exposed on the corner stands.

**The Rush Monument Fund** is beginning to tire a goodly number of the members of the American Medical Association. The *American Lancet* says:

Does the American Medical Association exist to have its valuable time wasted in hearing the same story about the Rush memorial monument during the general session? We voice a general feeling that the interests of the sections, of scientific medicine, call for a rest on this topic. Physicians do not leave homes and exacting and remunerative work to have their time yearly occupied in listening to the one call to subscribe to the Rush monument. If they have any brains, they must have learned the entire story long ago. If they have heard, they certainly contributed all they think best to it. This being accomplished, it is beyond the bounds of reason and good sense to longer permit the dreary waste of time. If the next Committee of Arrangements permit any mention of this matter in general session, we trust it may be promptly notified to eliminate the same. The thing is a positive harm to all true interests of the American Medical Association. The American Medical Association needs all the energies and all its cash to advance scientific medicine and promote peace and good will among the living members of the profession.

**Sexual Hypochondriasis** is commented upon by the *Medical News*. In addition to the large number of cases presenting themselves to the physician for the relief of various real disorders of the genito urinary apparatus, there is another group, including a portion of the first, the constituents of which manifest great perturbation of mind in consequence of some imaginary affection of the generative system. The greatest number of this second class is made up of males at the period of adolescence.

The two most important, if not the sole, factors that lead to the condition under consideration are masturbation and excessive venery. The patients often present the peculiar aspect and behavior of conscious guilt by which the clinician is sometimes at a glance able to divine the diagnosis.

Very often morbid fears have been engendered by the vivid descriptions of unscrupulous persons skilful in the art of playing upon the imagination of the credulous. Visions of "lost manhood," of impaired virility, etc., float before the victim's eyes, and in despair at the failure of the nostrums that promised certain relief, he comes to the physician requiring treatment rather for a diseased mind than for a diseased body.

It will depend upon the skill and insight of the physician whether he shall accomplish an apparently marvellous cure or confirm the direst anticipations of the unfortunate patient. Success in treatment will not depend upon the administration of drugs, nor as a rule will argument convince the patient of the falsity of his absurd notions. He must be convinced and cured by the logic of demonstration.

The most important factor in treatment is support of the morale. The nervous system will require close attention. The condition is probably one of reactive depression with irritability. Sedatives are not so much demanded as stimulants. Of course, the mode of life must be regulated. We are convinced that if in these cases in males the rest-cure could be carried out as it is in their female analogues it would yield the same brilliant results.

**The Trained Nurse** is becoming a factor to which some attention is being paid. A writer in the New York *Medical Journal* states that in this connection it will not do to ignore another influence injurious to the efficiency of the trained nurse as calculated to put her in a false position. This springs from a sentimental notion, entertained and acted on by many persons, that these women enter upon their vocation from certain lofty and philanthropic motives—a desire to soothe the couch of the dying, to bathe the aching head, and, in general, to minister to the woes of suffering humanity. Witness the views expressed by several of those who took part in a recent newspaper discussion of another phase of the trained-nurse question. Nothing, I believe, is further from the truth with most of these young women.

Some may take up nursing in preparation for missionary or other philanthropic work, but the majority take a most practical view of the subject. They must work for their living, or, if not actually for their living, for other desirable objects, and they regard nursing as offering them a career more agreeable, remunerative, and independent than being a shop-girl. The girl of an ambition above the average very properly looks upon the position of the trained nurse as far higher than that of the domestic servant, though many of her offices must of necessity be equally menial. The fact that it demands a special period and course of instruction, while it elevates the position, would still place it beyond the reach of many who seek it were it not for the liberal policy adopted in most of the training schools under which the would-be nurse is maintained during her pupilage. This helpful system is most friendly, considering the large number of applicants, and puts the institutions into a position they could well utilize for the real advantage of their graduates. This brings us to the consideration of means by which some of the disadvantages of the present system might be done away with and improvements introduced.

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**Science and Woman** have been occupying a great deal of attention lately. According to the *Medical Record*, Professor William James, of Harvard, announces that woman develops early and then ceases to grow mentally. Professor Crichton Browne finds that women's brains are smaller than men's, and their frontal lobes less richly supplied with blood. Professor Lombroso finds that women are less sensitive than men, and, as regards their receptive and perceptive organs, represent an incompletely developed type. Altogether science is bearing down very hard on the ladies. Yet we do not learn that they are becoming any the less popular. The poet has said metrically that without them the extremes of life would be without solace and its middle without joy. The testimony of the poet will probably continue to be received by the mass of humankind, even if the greatest cranial circumference of the gentle sex never rises above fifty centimeters.

**War on Quackery** has been openly declared in many quarters and is being carried on at a lively rate. The Pacific *Medical Journal* has taken up the matter *con amore* and if we are to judge from the samples so far given, it promises to furnish some rich reading in the near future. If not out of order we would suggest to our uncompromising cotemporary the advisability of occasionally warming up those, by whose tacit consent, the San Francisco newspapers swarm with the advertisements of abortionists, a class as reprehensible and dangerous as the ordinary quacks.

**How a General Practitioner May Treat Atrophic Rhinitis** is a title fraught with disappointment and disgrace.

"This is the title of a paper published in this *Journal* (*A.M.A.*) May 21, page 636, and purporting to have been read before the Kansas State Medical Society at FortScott on May 4, 1891. (The date should be 1892). By Hal Foster, A.B., M.D., Laryngologist to All Saints and Missouri Pacific Hospitals; Lecturer on Physical Diagnosis, University Medical College.

"We very much regret the error of date given above, and which was entirely an oversight on the part of our proof-re der; but, unfortunately, our attention is directed to the unpleasant fact that this carefully type written paper read before the Kansas State Medical Society at its recent meeting at Fort Scott, is an almost verbatim reproduction of a paper on The Etiology and Treatment of Atrophic Rhinitis, by Jonathan Wright, M.D., of Brooklyn, New York, and published in the *Medical Record* of August 15, 1891.

"We have to say that Doctor Hal Foster, Laryngologist, Lecturer, etc., exercised very good judgment in the selection of a paper for reproduction; but the wholesale gobble, without giving credit, of the labors of another man, and sending it forth as his own, is not only not commendable, but deserving of censure in very strong language."

The Kansas *Medical Journal* says: The above editorial in the *Journal of the American Medical Association*, June 4, '92, explains itself. We regret very much that an affair of this kind should have occurred in the State Society, and especially so since it involves the reputation of a man whose previous standing in the profession has been so creditable. Dr. Foster's denial of the charge does not clear him of guilt, for a comparison of the two articles furnishes the unfortunate evidence to convict.

The REVIEW has not yet found or been shown any "explanation" which could be regarded as at all adequate and can only regret the whole occurrence. The only charitable explanation possible is a temporary fit of mental aberration.

**A Liberal Offer.**—The MEDICAL REVIEW will be sent to non subscribers for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

**Bromide of Ethyl as an Anesthetic.**—It seems to be a characteristic of the medical profession that they seize upon new remedies with great avidity, and discard many of them with an equal readiness (*Ther. Gaz.*). The fact that chloroform and ether, both of them possess many disadvantages as anesthetics, lead to the enthusiastic welcome of the bromide of ethyl by a large number of physicians and surgeons within the past decade. In this city, and pretty much through the entire United States, it was widely employed for a short space of time. The publication of a number of accidents under its use, and the results obtained by its administration to animals, did much to decrease its popularity, so that at one time its use became practically obsolete. During this period, in which the usefulness of bromide of ethyl seemed to be in doubt, a number of surgeons persisted in its employment. Dr. Montgomery, Professor of Gynecology in the Jefferson Medical College, nas given the drug in over five hundred cases of labor without a single fatal result and with only one or two unfavorable effects—as good results as could be gotten by the emyloyment of either ether or chloroform under such circumstances in an equal number of cases. The fact that the drug does not produce the nausea and vomiting so apt to follow the administration of ether, that when carefully used it does not tend to produce the sudden cardiac failure characteristic of chloroform, and finally, that its odor is fairly agreeable to the patient urges us to further careful trials ere we decide finally that it is not to be employed. It seems particularly necessary that the surgeon should remember its applicability to short operations rather than to those which are prolonged and, as is pointed out elsewhere, the method of its administration should be carefully attended to. Instead of being given in small doses, thoroughly diluted with air, it should be given in concentrated vapor, as much as half a drachm to a drachm being poured upon the inhaler.

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**Bacteria of the Mouth.**—According to Dr. Frank Jay Thornbury (Buffalo *Med. and Surg. Jour.*) the organic and inorganic substances found in the mouth, which may be the nidus of bacteria, are:

1. The normal saliva.
2. Buccal mucus.
3. Dead epithelium.
4. Dental tissue softened by acids.
5. Exposed pulp.
6. Tartar and exudations on the gums.
7. Accumulation of particles of food.

There are three or four chromogenic or color-producing bacteria in the buccal cavity; they give a blue or violet reaction with iodine, and form twenty to forty cultivable sub species, partially non-pathogenic, partially of unknown pathogenesis.

The following pathogenic bacteria have been isolated from the mouth:

1. Micrococus gingive pyogenes.
2. Bacterium gingive pyogenes.
3. Bacillus dentalis viridis.
4. Bacillus pulpæ pyogenes.

The first of these organizations was found several times in a case of pyorrhea alveolaris, in the deposits around the teeth of a very dirty mouth. The second was found in the same case and also in a suppurating tooth pulp of a second person. The third variety was found in the superficial layers of a carious tooth. It produces a beautiful opalescent color in its growth. The fourth (bac. pulp. pyog.) was found in a gangrenous tooth and proved pathogenic by inoculation.

**Treatment of Puerperal Septicemia by Means of Continuous Irrigation.**—Dr. E. Dobrouskine says (*Merck's Bull.*) that this treatment is very efficacious and of great value. It assures antisepsis of the uterine wound, constantly disinfecting it and protecting it against new infection.

As a preventive treatment, continuous irrigation should be employed every time the hand or an instrument has been introduced into the uterus without antiseptic precautions, and after an artificial delivery with severe hemorrhage or intense albuminuria.

As a curative treatment, continous irrigation should be resorted-to whenever a uterine injection has not influenced the temperature of the patient or has been followed by a severe chill with considerable elevation of temperature; or whenever symptoms of infection appear within the first forty-eight hours after the delivery.

Continuous irrigation has been accused of greatly fatiguing the patients. The author has always observed the latter to complain a great deal at the start—the first night; but, with the improvement in the general condition, they became more tolerant of the treatment. Women treated a whole week with continuous irrigation bore it wonderfully well. But this therapeutic measure is so efficacious, that merely because it is fatiguing to the patient would not be a sufficient reason for its suppression.

The tube, which serves for making the irrigation, remaining in the uterus, it is not necessary to again introduce the hand; and thus much pain is avoided, and also the danger of new infection.

**Asaprol, New Antithermic and Antiseptic.**—This is the name given by Bang, its discoverer, to a calcium compound of a alpha monosulphone of beta naphthol (*Nat. Drug.*). The preparation of the substance demands the use of of a naphthol entirely free from alpha naphthol. It is a neutral substance, soluble in water and alcohol, unalterable under heat, non-irritant, non-toxic, well tolerated by the digestive viæ, whence it is rapidly eliminated and carried off by the urine. Asaprol retards cultures of bacillus typhoideus, the cholera bacillus and the micro organism causing herpes tonsurans, when used in quanties of 1 cg. to every cubic centimeter of the culture. When the quantity of asaprol is increased to 3 cg. to each cubic centimeter, the growth of these organisms is entirely prevented, though it requires double this proportion to prevent the growth of bacillus pyocyanicus Streptococcus aureus and bacillus anthracis are controlled by a 3 per cent solution. Aministered to man in doses of from 1 to 4 gm. asaprol, acts as an antithermic, and has been found useful in typhoid feuer. It has proved highly effective in acute articular rheumatism, in which it bids fair to be very useful.

**Pigmented Vesicular Rash in an Infant.**—H. Goodwin reports the following (*Brit. Med. Jour.*): The patient, a female child, was born June 27, after a normal labor, and for two days seemed perfectly well. The bowels acted freely, and milk and water was taken from the bottle as the mother was unable to nurse it. On the third day one or two small spots began to appear about the arms and hands, which at first appeared like varicella. On the fourth day they appeared on the body and legs, until the child was covered from head to foot. On the sixth day they began to die away, and by the tenth there was not a trace of them.

The characters of the rash were as follows: There was a red spot, papular in appearance, slightly raised, and with a tiny vesicle in the center containing a bright yellow fluid. The vesicle gradually increased in size until it completely replaced the areola of redness, and eventually attained the size of a split pea; it then went through some process of absorption and disappeared. One or two fresh spots appeared every day the rash was out. The child was perfectly well, had no rise of temperature or disturbed digestion, and the

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bowels were natural. The urine contained no bile. The contents of the vesicles were, in my opinion, a bile-stained fluid. Those that broke stained the child's linen a bright-yellow and stiffened it.

I can see no account of a similar eruption in either Dr. Liveing's or Dr. Crocker's work on skin disease, and am at a loss to account for the condition, unless it be a modification of infantile jaundice. The skin between the vesicles was perfectly natural in color.

**Infectious Angina, or Infectious Phlegmon of the Pharynx or Larynx.**—This disease, still known under the name of retro-pharyngeal abscess, is of a particularly grave nature (*Satellite*). In a large number of cases death is inevitable. In observations made by physicians without laryngoscopic examination of the larynx, it is impossible to see the objective part taken by the latter in this grave malady.

Bacteriological examination of the pathogenic microbes in this disease shows that streptococci are sometimes the cause (in the gravest cases), at other times (case of Rendu and Boulloche) pneumococci (the benign cases). The tendency to consider retro pharyngeal phlegmon or abscess as a necessary fatal affection is contradicted by Gouguenheim, who has had occasion to make laryngoscopic examinations in a large number of cases to locate with precision the seat of the lesion.

Gouguenheim suggested an inaugural thesis, which was defended at Paris by M. Mandelstamm ("Studies upon Retro Laryngeal Abscess," Paris, 1891). In this thesis the author shows that the abscess points (opens) at the entrance of the larynx, behind the apophysis of Santorini. In the cases described in this thesis the termination was favorable, although the local condition was very serious. It appears to Gouguenheim to be an indisputable fact that the prognosis of retro pharyngeal abscess is not as grave as has been held by a large number of the physicians of the Paris hospitals, especially those who have not been taught the use of the laryngoscope.

**Pebble in the Ear for eight Years Without the Patient's Knowledge.**—Mr. W. R. H. Stewart reports the following case (*Lancet*): A single lady, kindly sent by my colleague, Mr. Macready, consulted me for deafness on the left side, which had lasted off and on for some years. It had become much worse the week or two before coming to me and there was a rather distressing "hammering" noise in the ear. I found the left meatus plugged with a mass of hardened wax. On using the syringe for its removal out dropped a pebble, evidently from the sea beach. In shape it might be called an irregular cube, measuring on its longest side five-sixteenths of an inch, the other sides being three-sixteenths and one-eighth. The patient had no idea the stone was in the ear and as she had not been to the seaside for over eight years it must have been in the ear all that time. The case is, I think, interesting, for it is strange that so large a pebble had remained all those years in the ear without the patient's knowledge. It also confirms the opinion that a foreign body may lodge in the meatus for a considerable time without producing mischief, provided no injudicious instrumental attempts have been made to remove it.

**Cestus Girdle and Bodice.**—The principles on which these girdles and bodice bands are constructed recommend themselves as being intelligently studied; in so far as they can be introduced as a substitute for corsets, they will prove decidedly advantageous, avoiding the pressure and constriction of the figure. They will do away with frequent sources of discomfort and ill health. This girdle, which has been introduced by Miss Leffler-Arnim, is made of sanitary wood material,

which is warm and elastic (*Brit. Med. Jour.*). The bodice and bodice band are developments of the girdle, and appear ingeniously constructed to suit the mysteries of female costume without encumbering the waist with superfluous folds. The abolition of the incarcerating corset is one of the most desirable reforms in the dress of ladies, and these inventions may, it is hoped, go some way to effect that desirable object; at any rate, they render it in most cases not only possible but easy.

**A New Reagent for Albumen.**—A. Jaworowski proposes (*Satellite*) a new reagent for albumen which detects the presence of $^1/_{200000}$ part of albumen. (The other known reagents, as, for instance, Boedecker's Millon's, acetic acid, and others, do not detect even the $^1/_{60000}$ part). The reagent is prepared after the following formula: One part of molybdenate of ammonium is heated with 40 parts of water, and afterward mixed with 5 parts of tartaric acid, when, if the liquid is not clear, it must be filtered. For examination, the urine must be transparent and acid; if it is necessary to acidify it, tartaric acid is used. For the complete removal of albumen from the urine, add a few drops of the reagent and filter it; after filtration, add the reagent again, and so on till a precipitate ceases to be thrown down. Too much reagent must not be used at once,

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because the excess may redissolve the albumen. By this reagent, also, a very small quantity of mucus may be detected.

**Maternal Impressions.**—In a consideration of this subject (*Jour. Mat. Med.*), Dr. George R. Vest states that it has been observed that:

1. Malformations of most peculiar nature are found in the lower order of animals, such as echinoderms and crustacea, where no mental impression could have existed.

2. Malformations in the human species do not correspond to the mental impressions of the mother.

3. Most deformities occur at those early periods of pregnancy when the woman is not sensible of or certain of the fact.

4. The same unnatural formation may be observed in several children of the same parent.

5. All abnormalities are rather subject to the laws of physiological development than to the effects of fright.

6. What we call the lowest order of monsters, the acephalous, have been born with a well-formed child, where the mental impression, if any existed, would have acted upon both.

7. The fetus, when a germ, is completely separated, as to its vascular and nervous connections, from the mother. This is still more clearly shown in the ovipara, where malformations and peculiar markings are quite prominent in birds and reptiles.

8. Fright and other mental impressions of an alarming nature disturb almost every woman during gestation, so much so that the fear the child will be marked is the common bug-bear of the sick room. The fear of deformity from mental impressions, which have actually occurred, is the rule instead of the exception, while the actual deformity is the exception instead of the rule.

From the foregoing he thinks it becomes evident that maternal impressions can and to affect the fetus.

**Two Cases of Utricaria Factitia.**—Conrad Alt describes (*Ann. Gyn. and Ped.*) two cases of this very interesting phenomenon. One, a girl of 12 years, had suffered from motor and sensory paraplegia of the lower extremities. She had completely recovered, but during the course of treatment she possessed the symptoms of urticaria factitia. This condition, which has long been known, described by Bateman in 1821, and more particularly by Dujardin-Beaumetz, consists in a raising of the skin after stroking heavily with the nail. In this manner figures of any description can be made to appear on the skin in swollen and reddened lines.

Another case, aged 20 years, is also reported, in which this condition lasted nearly three years, and was most remarkable in its intensity. Urticaria factitia is found especially in hysteria, neurasthenia and epilepsy.

**Pistol-Shot Wound of the Head.**—The following is a bona fide communication from Dr. F. A. Simmons (*West. Med. and Surg. Rep.*): A very eccentric man living in this city several years ago, with suicidal tendencies, while in a gloomy and despondent mood, shot himself in the middle of the forehead with a pistol loaded with four balls. I was called to see him about ten days after injury. I probed and found the balls imbedded in the brain about one inch from the skull. The skin and soft parts had sloughed away from the bone until it was as white as dead bone, for a bleached skeleton's skull, to the size of a half silver dollar around the hole made in the skull. The man seemed rational and cheerful, and talked to me pleasantly about the shooting and the causes leading to it. Said he had wanted to kill a fool and had come very near so, but had failed and instead had made a smart man out of a fool. He would not allow the balls to be taken out, but he got entirely well with the lead in his brain, which seemed to act as a balance, holding him level headed and sane ever afterward.

**Use of the Curette.**—According to Dr. Chas. W. Adams (Kansas City *Medical Index*) the use of the curette is indicated in the following septic conditions of the uterus:

1. In infection following labor, miscarriages and abortions, in which, however, irrigation is substituted for the gauze packing.

2. In acute endometritis wherever gonorrheic or otherwise.

3. In chronic endometritis when the appendages and peritoneum is involved.

In cases where a laparotomy is determined on to remove hopelessly diseased adnexa, accompanied with a purulent endometritis, the laparotomy should be preceded for some time by a curettement.

**Metal Turners' Paralysis.**—This is the title given a disease observed by Drs. G. L. Walton and C. F. Carter, of which they report two cases (*Am. Jour. Med. Sci.*). The attention of the writers was called to the form of paralysis for which the above title suggests itself by a case of recent origin, seen by both after having been referred to the former by Dr. Hooker, of Springfield. The case seemed not to fall under any recognized type, although the region invaded was that of the ulnar nerve, and the position of the hand that of ulnar paralysis. The uncertainty regarding the origin and prognosis of the trouble was dissipated by the history of a second case, seen shortly afterward by both the writers, in the Neurological Department of the Massachusetts General Hospital, to which he applied for treatment. This recalled a former similar case, treated in the same department, concerning which some doubt had existed at the time of his admission. All three of these patients being brass-workers, it seemed probable that the nature of the employment was to blame for the trouble. The disorder consists, briefly, in complete atrophy of the muscles of the left hand supplied by the ulnar nerve, with very slight sensory disturbance (numbness) and slight, dull pain and ten-

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derness over the ulnar nerve, the pathological process being probably neuritic, though of a somewhat peculiar type. The practical point for the clinician is the distinction between this disorder and progressive muscular atrophy, as the second case we have to report shows a standstill for fifteen years, the maximum of the disturbance having been reached in four months after the onset.

Judging by the constrained position of the left hand in using the lathe, as illustrated by both patients, it seems probable that this is the part of the work at fault. It is certainly improbable that the metal worked upon has any bearing upon this affection in a toxic manner, especially as the trouble is purely limited to the left hand. Whether the fault lies simply in overstrain of the interossei and lumbricales or in neuritis set up by muscular pressure exercised on the ulnar nerve when put upon the stretch by the flexion of the elbow, it is hard to say. If the former, alone, it would seem that all should be affected and the hand assume rather the typical claw shape common in progressive muscular atrophy, instead of the first two fingers being straight, as in ulnar paralysis, through the exemption of the first two lumbricales, supplied by the median. The atrophy is too marked to admit of its classification under occupation neuroses. Its course would seem to be to reach a maximum in about four months, but to progress no further.

**Bacteriological Analysis of Banknotes.**—In a city in which the mortuary statistics show a large proportion of infectious diseases, every factor that enters into the dissemination of these diseases is of interest (N. Y. *Med. Jour.*). So Dr. E. Acosta and Dr. F. Grande Rossi have reported in the *Cronica medico.quir urgica de la Habana* the results of their bacteriological analysis of the banknotes of the Spanish bank of Havana, in general circulation. It was found that circulation increased the weight of banknotes, in consequence of their acquiring foreign matter. The author's bacteriological examinations showed in the notes in use for some time a considerable number of microbes, and in two notes they calculated there were 19,147 microbes. In the notes that were analyzed there existed a septic micro-organism that rapidly killed animals inoculated with it. Besides this, eight pathogenic species were encountered, including those of diphtheria, tuberculosis, etc. The author, therefore, concludes that banknotes were a potent means of transmitting disease, and that their use by children was especially dangerous, because the Havanese children have the habit of carrying the notes in the mouth, and may thus swallow the germs of some mortal disease. We have been told that in olden times, during the prevalence of epidemic disease, creditors and vendors refused to receive money in their hands, all coins being dropped by the debtor or purchaser into a bucket of water. But they merely surmised that the "mechanism of exchange" might become the medium of infection. Now that the possibility has been demonstrated, and as the inconveniences specie payment have made paper money a general favorite, banks should either turn into the Treasury all soiled currency or be provided with steam-pressure disinfecting chambers into which such money could be placed. Risks would thus be minimized and the bacteriophobist would have one cause the fewer for alarm.

**Fatal Result of Water Drinking.**—An old way of poisoning criminals used to be to compel them to swallow large quantities of bull's blood (*Lancet*) and it is interesting to note how this acted as a means of causing death. Bull's blood is not a poison at all in the ordinary sense of the word, but when it enters the stonach it forms a coagulum, and instead of the organ being filled with liquid which might be ejected by vomiting, it is filled with a solid mass. This mass presses upwards upon the heart and displaces it. The pressure upwards upon the lungs interferes with the respiration, and the pressure backwards upon the aorta, vena cava and the solar plexus would probably be sufficient to cause death. The same thing occurs in animals when they are first turned out among the clover; they overeat themselves and are very likely to die from over-distension. A case was recently reported in the newspapers of an Irishman who had eaten largely of potatoes and milk and who died suddenly. The post-mortem examinatiyn revealed no disease. He was apparently healthy, except that his stomach was distended, and no doubt he died in exactly the same way as the criminals who were compelled to drink bull's blood. Generally death cannot be brought about by the simple drinking of fluids, because the stomach is able to eject them. Apparently, however, this is not always the case. In one of the papers a few days ago there was a notice of three Frenchmen who laid a wager as to who would drink most water and all three of them died in a comparatively short time. The death in this case might have been partly due to the distension of the stomach and partly to the effect of the water on the blood after its absorption. It very rarely happens in a healthy person that enough water can be absorbed to cause any alteration in the blood, because it is excreted as rapidly as it is absorbed and the composition of the blood is kept nearly constant. Death from the action of water on the blood may occur after profuse hemorrhage when thirst is extremely urgent. This has been noticed in the battlefield and also in the case of women who have been nearly drained of blood by hemorrhage. In these cases it is always advisable not to give pure water to quench the thirst, for it is not only an irritant to living tissue, but it is also destructive to the blood. The risk of injury is considerably lessened by adding a little salt to the water, making it of the strength of the physiological normal saline solution.

**Treatment of Abortion.**—Dr. Walter A. Crow contributes a paper on this subject (Atlanta *Med. and Surg. Jour.*) of which the following is a summary:

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1. The marked tendency to infection in all cases of abortion.

2. The urgent necessity of removing as far as possible all sources of infection. This includes clean hands, clean instrument, cleanliness of person and bedding.

3. The importance of thoroughly satisfying one's self in all cases of the complete removal of all the fetal membrane and placental tissue.

4. Keep your patient under observation for at least two months, with the most favorable surroundings for complete and perfect involution of the enlarged uterus, building up the general health and keeping the bowels open, if necessary, with salines.

5. Be urgent in your advice in avoiding the possibility of becoming pregnant for at least six months, as sexual connection produces more or less irritation and congestion of the parts, and thereby retards, if not in a measure stops, the condition we most desire in these cases—a normal restoration of the parts.

**Cranial Surgery.**—At a recent meeting of the Philadelphia County Medical Society Dr. William H. Morrison, of Holmesburg, reported three interesting cases.

The first case was one of linear craniotomy, an operation suggested some two years ago by Lannelongue, as passibly of service in certain cases of microcephalism and deficient mental development. In the case now reported thirteen months had elapsed since the operation, and the child showed a decided improvement in its mental and physical condition. The second case was one of epilepsy, in which there were certain somewhat indefinite localizing symptoms. Exploratory trephining was done nine months before the meeting, with negative results. The third case was one of abscess of the brain in which symptoms of compression of motor areas developed rather abruptly eight days after an injury to the head. The skull was at once opened, and an ounce of pus let out from beneath the duramater. The patient had perfectly recovered.

**Extirpation of the Liver in Frogs.**—The removal of the liver does not in the frog involve an immediately fatal issue, as is the case in mammals. The duration of the survival is, however, a question upon which physiologists differ, Muller maintaining that death supervenes in three or four days, whilst Moleschott states that the liverless frog does not succumb until as many weeks have elapsed. M. Roger has investigated this point and finds that of two frogs deprived of their livers one which is placed in a vessel containing water which is not renewed dies in three or four days, whilst the other, which is kept in water maintained at a uniform temperature and which is constantly renewed, lives for a period varying from eight to fourteen or even twenty days. The explanation is easy. The functions of the liver being suppressed, extra work is thrown on the kidneys to eliminate the products of metamorphosis. When the animal is placed in stagnant water these excreted products are reabsorbed and the frog dies poisoned sooner than is the case with the frog kept in a running stream.

**Cosmetic Surgery of the Nose.**—Dr. John B. Roberts, recently said that many sufferers put up with unsightly deformities on account of their ignorance of what could be done for their relief. Slight operations often made a remarkable change in the personal appearance of a patient. In operating, external wounds could be made unnoticeable, and many operations could be done within the nose by way of the nostrils or through the mouth under the upper lip.

Cosmetic surgeons should remember the frequency of tertiary syphilis of the nose and avoid excising a gumma and allowing destruction of the nose from syphilitic ulceration. All sorts of crooked and twisted noses he claimed were amenable to treatment. The method of inserting metallic bridges as a substitution for the bony bridge in sunken noses was given in detail.

**Effect of Posture on Health and Symmetry.**—In a paper devoted to this subject Dr. Eliza M. Mosher recapitulates as follows (Brooklyn *Med. Jour.*): There are three fundamental postures in which the body in the upright equilibrates. A certain amount of muscular force is required to retain it in any of these positions. The first posture is not practicable as an habitual one, because it does not admit of alternation in the use of the lower extremities. The second places the body in the most symmetrical attitude it can take, and at the same time permits the alternate use of its supports. This is a posture not naturally chosen, but easily acquired by training. The third, which is the favorite posture of mankind, is harmful in its tendencies, both as regards its influence upon the symmetry of the body and the economic and healthful use of its complex machinery. Its adoption then should be deprecated, and especially so in our schools and stores. The shape of the body in the sitting posture is greatly dependent upon the position of the arms and head. The one which best maintains the symmetry of the trunk, and therefore is most healthful, is that in which the spinal column balances upon the pelvis with the arms at the sides and the head upright. The posture is the one which the body should be trained to assume in the school-room, the workshop and the carriage.

**Torsion of the Fifth Nerve for Trifacial Neuralgia.**—The following article by Dr. John A. Wyeth appears in the Denver *Medical Times*:

A lady, 46 years of age, who had suffered for two years with intense neuralgia of the side of the face, came under my care in the spring of 1891. I exposed the inferior dental branch of the nerve by incision and trephining the right inferior maxi la at the angle, divided the nerve at the distal margin of the button, lifted the proximal end out of its bed, seized it with a strong but slender Esmarch's artery forceps and care-

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fully and slowly twisted it, holding the nerve slack as it was twisted in order to avoid parting it. The second division was next exposed at the infra orbital foramen, a rim of bone surrounding this opening was chiseled off, thus freeing the nerve and its sheath. It was then divided and the proximal end twisted for from twelve to twenty rotations. The supra-orbital branch was next exposed and twisted in like manner. Relief was immediate, and so far is permanent.

Case II. In July, 1891, I did this same operation on a man fifty-four years of age, who for six years had intense neuralgia of the right side of the face. I showed this patient to the New York Surgical Society in March, 1892. He was then and had been absolutely free from pain from the date of the operation.

It seems to me that this operation (which Thiersch recommends so highly)should be given a trial before undertaking the more formidable procedures of removing Meckel's ganglion, or that most formidable operation of intra-cranial section of the ganglion of Gasser.

**Hydrocele in the Female.**—This has generally been regarded as a very rare condition, (*Practice*) yet Dr. Coley, of this city, has recently reported fourteen cases which had come under his observation in his own practice or that of his friends, and Dr. W. B. DeGarmo said he had seen about a dozen cases. The treatment recommended was by operation, not by injection, yet Dr. DeGarmo's cases complicated by hernia disap peared during the use of a truss.

**Care of the Perineum.**—Dr. Wm. Brill in a paper (*South. Cal. Pract.*) states that briefly, the proper care of the perineum consists of:

1. Attention to the bowels and bladder.
2. Correction of the defects of flexion and extension of the head.
3. Avoidance of precipitous expulsion, by diminish ing the power of the uterine and abdominal contractions.
4. Prolongation of the perineal stage, so that dilatation may be gradual and complete.
5. Prevention of too early and rapid retraction of the perineum over the face of the child, by carrying it upward and forward.
6. Avoidance of the improper use of ergot.
7. Care in the use of forceps, avoiding hasty or injudicious traction and generally removing them when the obstacle to delivery has been overcome.
8. Employment of the same measures for the safe delivery of the shoulders as for the head.

**Gastric Infection.**—Auto-infection is undoubtedly a source of great suffering, and, unfortunately, it too often serves as a cause for the administration of medicaments which do more harm than good (*Med. Summary*). Think of the millions of bottles that are annually sold over the druggist's counter for ailments that exist only in the imagination of the credulous patient. Owing to derangement of the stomach from avoidable causes, they carry with them constantly a veritable Pandora's box; their stomachs have become active laboratories for the elaboration of the most deadly poisons, and they are offended when they consult an honest physician who suggests changes in the dietary with a view to correct the pathological conditions. People have headache due to stomach derangement. Then, why should they not have other diseases, such as fugitive neuralgic pains, cramps of the extremities, attacks of syncope, epilepsy and the like, from the poison which is daily formed in the stomach? They do; and what is more, very many people suffer in this manner and never know it, or have the least suspicion of the causes which make them miserable. Would it to be safe to say that some doctors do not readily recognize this condition? It would not be saying too much to intimate that a few doctors do understand this matter, and they sometimes practice on this knowledge, but not always to the advantage of the patient, because those who come in contact with this class of physicians can afford to be placed under treatment for "neurasthenia," etc., while others cannot.

**Number of Pieces in the Coccyx.**—F. Marimo has studied the number of pieces in this fusion of vertebral elements on 66 skeletons of male criminals (Boston *Med. and Surg.*). There were no vertebral anomalies in 56 of these spines. Of these 21 had five pieces, 16 had four pieces only, and 11 had four pieces with a suspicion of a fifth. Of the other ten spines, six had five pieces and four had four pieces. Marimo looks on this as evidence that perhaps it is more usual to have five pieces than four in the coccyx, and especially as these are all male skeletons, believing that coccyges of five pieces are more commonly found in women. He does not seem to be acquainted with E. Steinback's researches, who found that five is the more usual number in men and that coccyges of four and five pieces occur about evenly in women.

**Infantile Diarrhea** is now in order (*Kan. Med. Jour.*). While there are many agents that tend to its cure, prevention is worth oceans of cure. While heat and impure air are factors in its production, improper food, both in quality and quantity, are its most potent causes.The mother's breast or good sterilized milk given at proper intervals and in the manner nature has indicated, through a nipple with a small opening, and nothing else, is the natural and proper food for the babies.

**Epilepsia Gravior of Six Years Standing Completely Cured by Opening and Straightening the Cervix Uteri.**—Dr. John Snyder reports the following (*Phys. and Surg.*):

Miss B. S., a tall, fair, young lady, age nineteen years, moderately well nourished, presented herself May, 1891, for relief from very severe epilepsy.

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She has been subject to epileptic attacks at night since her thirteenth year—the begining of her menstrual life. She had started well on the menstrual rhythm and for five months presented no deviations from the normal. But after this peroid of well being she became irregular, going sometimes six months or a year without menstruating and at those rare periods of the flow she would suffer excruciating pain. During this time she fell a victim to epilepsy. The attacks occurred in series until the year preceding her appearance at my office, when she scarcely had any respite from these terrible seizures.

She had consulted numerous medical men, taken un told quantities of patent medicines, and finally ended by drinking the potion sold by an "eminent specialist" in New York city, whose advertisement announces "I cure fits." The probability was she had rung the therapeutical changes from alpha to omega.

Her mental condition was rapidly becoming deplorable. Irritable and morose, she avoided society and all indications pointed to her speedy entrance into that unfortunate class of human beings—the imbecile.

Examination was thorough and was conducted with patient practically nude. Search was made for every conceivable cause of her trouble, and my patience was not rewarded until discovering a pronounced anteflexion of the uterus and a very small cervical canal and uterus somewhat over half normal size. The cervical canal was nearly closed at internal os. Left ovary hyperesthetic.

The indication for treatment thus became clear. Consequently I enlarged and straightened the cervical canal by passing a knife through the internal os and by introducing a glass tube three-sixteenths of an inch in diameter, slightly curved, with a flange on its lower end. This tube was held in position by borated cotton tampon. The patient was kept in bed one week. She wore the tube three weeks when the canal had healed open. Daily vaginal antisepsis was practiced.

Two weeks after removing the tube she menstruated normally and has been regular ever since. Her epilepsy was cut short as if by magic. She has gained over thirty pounds in weight, and her mental organism has been revolutionized.

**A Wrong Diagnosis.**—Dr. O. H. Tatum records the following amusing incident (*Medical World*) as an illustration of how a patient may make a wrong diagnosis: A few years ago I was requested to visit a lady who informed me very modestly that she had suffered intensely for several days with what she supposed to be an hemorrhoidal tumor. She complained of a burning pain in the anus, and stated theat she had located the offending tumor, as she "could feel it very plainly with her finger." An examination was proposed and made in the presence of the lady's husband, who was no less surprised, and at the same time amused, than the writer to discover comfortably attached to the margin of the anus a large sized tick. It was at once removed with the dressing forceps and presented to the astonished patient.

**Agreeable Bichloride Solution.**—The disagreeable taste of bichloride solution, which is well, known to all, may be overcome by using with it a certain amount of rose water. Dr. G. P. Allen, who recommends this, takes one part of an ordinary 1 per cent solution of the mercury, and adds to it nine parts of rose water, thus making the solution up to one in a thousand.

**Esophageal Perforation in Typhoid Fever.**—Dr. Glenworth R. Butler details a case in the Brooklyn *Medical Journal*. He does not seem quite certain of the etiology of the case. He concludes his paper as follows:

If this was a case of perforation of the esophagus from typhoid ulcer, it is unique. I have been unable to find a similar case, and the authorities state that perforation does not occur with typhoid ulcer, as only the mucous membrane participates in the ulcerative process, the cellular coats being unaffected. But a consideration of the history and local signs can lead to no other conclusion. Enteric fever, ulcers of the pharynx, dysphagia slight at first, but increasing in severity and referred to the episternal notch, the subsequent development of an inflammatory swelling, peculiar in character and distribution, from a clinical picture incapable, to my mind, of explanation by any other hypothesis.

A possible reason of the unusual intensity of the ulcerative process may be found in the fact that, at the incidence of the typhoid fever, the patient, to some extent, still possessed the modifications of blood and tissue characteristic of pregnancy and the puerperium.

**Nausea Following Anesthesia.**—According to Brinton, if the patient has a great deal of nausea after etherization, what can you do? The books generally dismiss it by saying it will pass off. When you have such a case you will feel like passing off yourself. Iced drinks and carbonic acid water are good. One of the best remedies is chloroform, four or five drops, with two or three drops of vinegar opium, given two or three times a day. That will sometimes allay vomiting. Another plan, when you have reason to think there will be great nausea or vomiting, is to put your patient to sleep. A great many surgeons are opposed to morphine or opium after operation. Before the operation I am apt to give a little brandy or whisky, and a little morphine hypodermically; in that way I do away with the necessity of giving a large amount of ether. Usually, after operation, I order a hypodermic—one-sixth grain of morphine. It is not only to alleviate the pain, but to quiet the patient and the stomach. It controls the nausea and puts the patient to sleep, giving the stomach and nervous system time to recover themselves.

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## New Orleans Letter.

Editor Medical Review.—

℞: Misce: Sig: At One Dose.—In 1885, the "Luesæ Naturæ" decided a prerequisite for the practice of Medicine in all its branches in the City of New Orleans, was the registration of a diploma from a medical college. To give an opportunity, to many who had tinkered with drugs, those who "had been in the practice of medicine for five years previous to such legislation," were entitled to a seat among the select. Diplomas were dug up from the bowels of the earth, brand new ones were ordered direct from the factories, old practitioners, who read the Bible or Hostetter's Almanac with an effort, were registered and that ended the matter for the time being.

Suddenly a moral earthquake struck the great State of Louisiana, the Lottery was knocked out, the State Government was purified and the Medical Society deemed it a time propitious to disinfect the profession. Acts regulating the practice of medicine—of dentistry—of pharmacy—were hurled at the Legislature. The medical and dentistry acts were in brief a modest suggestion that laws be enacted to compel a diplomad crayonographist of Latin terms, a prescription, or yank a molar, to stand an examination—always excepting those within the "Mecca of the New Orleans Doctor," on record at the office of the Board of Health. Through some unknown influence these bills were aborted—pardon, miscarried—abortion being a penal offense down in Dixie. Possibly at the last moment the framers of the act recalled that the majority of the medicos sent by the Board of Health to the Carribean ports, the South American harbors, etc., where the yellow fever micrococcus disports itself shamelessly before the public gaze, had just graduated at our University and it would have been shameful of these *experts* who were in their swaddling clothes at the time of the last epidemic in this section, should fail to pass the ordeal of an examination immediately following upon the commencement—of their careers. The pharmacy bill stipulated that every drug store should be in charge of a registered pharmacist, and as the senators and legislators—or some of them in their urban homes—dispense pins, calico, hominy and patients with a pil. cath. comp., asafetida and pollygarlic these gentlemen of course objected.

Meanwhile when Dr. Bolus, after cocainizing the parts successfully, extirpates a toe nail receiving a laudatory notice from a newspaper man to whom he confesses the great case over a five-cent cigar, and the quack *pays* for an extra half column, the reputable physician starves gracefully and kicks himself for not having been born a car mule—though he is an ass for trying to be honest in his convictions and wears out his energy and his doeskin trousers hoping for a return of an era when a physician was an honored figure in life and not on a par with a vendor of second-hand clothing or a junk shop.

The Quarantine is on and excepting Jupiter, Mars and other celestial lands we are quarantined against the entire world. What arrant rot is this quarantining against ports, say like Buenos Ayres, where the Cabelleros and Senoritas enjoy their leisure hours in the hopes that the winter will be soon over so that they can participate in the pleasing fandangoes between going to the funerals of friends who succumb to the yellow fever while we are freezing here.

Mems.—Dr. Wilkinson, State medical officer, has had no opportunity to prescribe for the editor of the *Times-Democrat* for the lecture on Sign Boards Lately Administered. The *T.-D.* man still lives.

An act to compel doctors—not only in New Orleans, but elsewhere, to be familiar with the rudiments of a common school education before attaching M.D. to their other insigna would be a capital idea. The Review seems to think so as well.

Copeland and Porter have been in the city for several months running a new fad which is most successful—to themselves. Patients pay $5 a month. They cure any disease, guaranteed. The local papers publish a picture of each patient cured with a testimonial—at so much a square—newspaper measurement, 20% off card rates. Just because they failed to cure one of our legislators, he kicked and made a fight for the bill regulating the practice of medicine. Probably some of our newspapers were at the bottom of the failure of said bill becoming a statutory law—it would have curtailed receipts from quack ads, and the Lord knows they need the money—now that the Lottery fails to put up life preservers to keep 'em floating.

Dr. Testut, one of the ancient regime, gentleman, physician and literateur, passed away several days ago at a ripe old age. He was very much in love with the profession, and being an upright learned physician, was never conspicuous before the public. All the more honor to his memory for he was an honor to the profession—now being dragged in the mire by itinerant sycophants who are doctors at so much a prescription and written at that in unconjugable Latin or illy spelt in English.

The Legislature, previous to adjourning *sine die* on July 3, passed the Polyclinic bill, thus defeating the Charity Hospital administration. The victory for the new feature South, the "laying out" as it were of a number of professors of medicine, is the beginning of a new era.

In the wards of our great institution, via the Polyclinic, many a practicing physician will learn at the bedside of the sick—at least the primary principles of the profession—he had no occasion to know when he

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was turned loose upon an unsuspecting public with a brand new diploma as the prima facie evidence of being a doctor of medicine. It was the only evidence many had and how they secured the imitation sheepskin is a question between their mentors and their consciences. "Mene, mene tekel upharsin."

MEDICO VIEJO.

## Buffalo Letter.

[CONCLUDED.]

Editor MEDICAL REVIEW.—

Dr. Price, alluding to the specimen of ectopic gestation of thirteen years' standing, said that in any such quiescent condition there was always danger of renewed inflammation, perhaps of a septic nature, during labor. He mentioned an operation of his own on what was supposed to be a large uterine fibroid. On introducing a corkscrew to facilitate its removal, fluid escaped and investigation showed that he had to deal with an ectopic gestation. If it had not been for this accident, the specimen might have been put in a museum as an illustration of fibroid tumor. In his experience with a hundred cases (including those of his assistants and pupils), he had never found the ectopic sac between the leaflets of the broad ligament nor had he ever had any experience with pelvic hematocele pure and simple. With few exceptions, all of his cases of extrauterine pregnancy had been plainly tubal and he believed that to be practically the only form. Extrauterine pregnancy was first recognized by Dr. Bainham, of Philadelphia, in 1790, who operated successfully. Nine years later he met with a second case in a slave and repeated the operation with good result. No pelvic trouble calling for laparotomy offers such good prospects of success as ectopic gestation. The late Dr. Agnew's words with reference to hemorrhage in general "seek the offending vessel and tie it," had done much to induce Dr. Price to operate on his first case. The urgency of operation in ruptured tubal pregnancy is the same as in ruptured aneurysm or stab wound of the abdomen. In case of doubt, the exploratory incision need not penetrate the peritoneum. If the peritoneum is black, there is intraperitoneal hemorrhage. If it is normal in appearance, there is no need of opening it. A doughy, foreign mass, fecal accumulation being excluded, inaptitude to conception, the missing of one or two menstrual periods or a delayed period, characteristic pain like that of "old-fashioned dry gripes" but more peculiar intense and cramp-like, shock are diagnostic points. The shock in ruptured tubal pregnancy is greater than can be accounted for by hemorrhage alone. Dr. Price emphasized the importance of seeking at the operation a plane of clearage high up or toward the sacrum. Most operators work too much at the anterior surface of new growths in the pelvis. One of his cases illustrated the need of conservatism. He had removed an ectopic sac from the fundus of the uterus. He was about to plunge a corkscrew into the uterus and bring it out of the abdominal wound but decided to leave it in place. Four or five months later the patient gave birth to a fine healthy boy.

The late Dr. Henry F. Formad, Coroner's Physician for Philadelphia, used to find a considerable number of cases of hemorrhage in the pelvis which he regarded as accidental till gynecological surgeons taught him that they were due to ruptured tubal pregnancy. Of thirty-five such cases, thirty-one had died within a few hours from the appearance of unfavorable symptoms. Later, Dr. Formad reported that operations for ectopic gestation had lessened his post-mortem experience in that class of cases. Unruptured tubal pregnancies are rarely met with. Dr. Price believes in operating in all cases of ectopic gestation and has never lost but two patients and those were among his first eight.

Both Dr. Price and Dr. Ross had noticed a peculiar mental disturbance in patients with ectopic gestation. Dr. Ross believed that the operation was one of the easiest in abdominal surgery. He works with two fingers in the vagina and two in the abdomen, shelling out the sac rapidly from behind. It is his practice to leave the unaffected tube.

Dr. Price, in his paper on pelvic inflammation, said that there was no cellular tissue lateral to the uterus except in the broad ligament. He had never seen an instance of uncomplicated pelvic abscess. The broad ligament is often folded on itself and glued together so that it apparently contains an abscess which is really exterior to it. If the abscess were within the leaflets of the ligament, it could not be so readily removed. Pelvic inflammation is almost always due to external causes among which are gonorrhea, badly managed labors and abortions, excessive venery, accidents of menstruation, the use of the vaginal douche during the menstrual period, excessive douching with irritating solutions during the puerperium, the use of the sound and intrauterine medication. Pelvic inflammation is usually limited to the Fallopian tubes by the closure of the fimbriated extremities by adhesions. Quite frequently, however, the ovaries are also involved.

Dr. McMurtry in his paper, ascribed the increase of gynecological troubles to our departure from a simple agricultural life and also to European immigration and crowded city life, both predisposing to low morality and venereal disease. Headache and backache are not necessarily symptoms of pelvic disease and a mechanical impediment to menstruation is rare. Consequently, vaginal examination of young girls is not only unnecessary but is a grievous wrong. The use of the uterine sound, forcible dilation of the cervix, trachelorrhaphy, the introduction of sponge tents, electro-puncture and aspiration of pelvic organs are rarely beneficial operations and they may do great harm. The indiscriminate use of the curette followed by the injection of a powerful irritant is not indicated in simple catarrhal endometritis and it may set up serious pelvic inflammation.

Dr. Reed's paper dealt with the technique of examinations and various diagnostic measures. He con-

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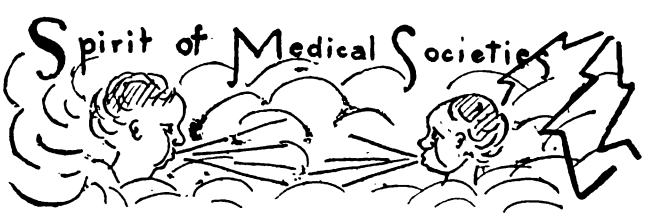
demned the inspection of the external genitals unless there was some special indication for it. All instruments should be used with reluctance and particularly at the first examination. He congratulated himself that he had banished the uterine sound. He declared that it was not necessary to stand a patient on her head nor to put her in any of the peculiar positions pictured in the books in order to find out what was the matter with her.

Dr. Brooks H. Wells, of New York, was present and joined in the discussion by special request, citing one or two cases of pelvic disease, apparently pyosalpinx which did well under palliative treatment.

A vote of thanks was passed to the distinguished guests of the Society and the meeting adjourned, the general impression being that this had been one of the most interesting sessions in the history of the Society.

**Gangrene of Penis.**—The London correspondent of the *American Lancet* writes as follows:

An extremely interesting case has for some weeks been attracting attention in one of the wards of the London Lock Hospital. A patient, aged 38, some weeks ago presented himself, stating that on his way to the hospital, feeling a desire to micturate, he discovered that his penis "had dropped off." On careful examination there was seen a small granulating protuberance, the edges rounded off and of a mushroom shape; this was found to be the remains of the corpora cavernosa. Upon retracting the sheath around, the corpora cavernosa was made to project about half an inch in length. Cleanly dissected from the preceding structure was the corpus spongiosum, with urethra one-third of an inch long, its free edge very slightly contracted around the urethral orifice. Between the remains of the corpora cavernosa and the skin was a witish, foul-smelling slough. No visceral disease could be found, and no glands could be detected in either groin. The urine was healthy. The man had always had a long foreskin, he had never previously suffered from venereal disease, and had not sought professional advice before applying to the Lock Hospital. Of late he had been a heavy drinker. At the present time the whole stump was cicatrized, the slough having separated a few days after admission. The patient said he had passed water through a hole in the side of the organ twenty minutes before he discovered his loss, and did not know the organ was missing until he tried to do it again. The history he gave was that five weeks previously he had exposed himself to the risk of contagion; three days afterwards he felt a sore under the prepuce, which was swollen and red, with much discharge issuing from underneath. The redness extended until the whole penis was involved, and in four days more it turned black. There was no pain, and urine passed through a hole in the side of the organ. A week before applying for admission he was seized with a profuse hemorrhage from the penis, which he stopped by tight binding; four days after the bleeding the organ was lost.




**Case of Sacculated Bladder, with Autopsy.**—Dr. A. T. Cabot reported to the American Association of Andrology and Syphilology a case of the above. The patient was a man, fifty-seven years old, who first presented himself in November, 1889, suffering with symptoms of stone in the bladder. A few days afterward a stone weighing 116 grains, composed of uric acid and urates, was removed by litholapaxy. The man made a good recovery. In March, 1891, he reported that, although much improved after the first operation, he was not entirely relieved of his symptoms. After a perineal incision the finger could touch a little rough stone high up on the posterior wall. It being impossible to dislodge it, a supra-pubic opening was made, through which the stone could be readily reached. It was about the size of an English walnut, and was contained in a pocket, the neck of which was not larger than a small pencil. The stone was broken by the forceps and removed piecemeal. About April 6, the urine, which had hitherto been abundant, began to diminish in quantity; it contained a little pus, but no casts were detected. In spite of all efforts the man gradually failed, and died about six weeks afterward. At the autopsy, two pockets of the bladder-wall were found; they were arranged symmetrically, one associated with each ureter, lying a little above and outside of it. One of these pockets had contained the stone previously removed. A number of smaller pockets were also discovered. These pockets, Dr. Cabot said, were probably congenital. The right kidney was found shrunken and in a state of interstitial nephritis, associated with a pyelonephritis, and this condition led to the fatal result.

**Pharyngo-Mycosis.**—Dr. Frederick I. Knight stated to the American Laryngological Association that he had been induced to write upon this subject because of the little attention which it had received by authors in this country, hoping to draw out a discussion. Ever since special attention had been paid to disease of the throat, observers had been struck by the peculiar obstinacy of chronic folliculitis of the tonsils, which had been not infrequently accompanied by a similar condition of the base of the tongue, and occasionally of the arches of the palate and of the larynx. The affection consisted of whitish, yellowish or grayish exudations, situated at the mouths of the follicles, sometimes cheesy and easily removed, sometimes cretaceous, and sometimes only tough, stringy, running deep into the follicles. There was quick recurrence after removal of the products, and even after the subsequent application of strong medicaments. Fraenkel had, in 1873, pointed

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out an abundance of leptothrix thread in such products, and some writers had looked upon the parasite as the cause of the condition. A number of other forms of parasitic growths in the throat had also been described. Other observers, notably Chiari, believed that the parasite was simply an accidental complication. In the treatment of typical cases of mycosis, the author had experienced the same difficulty as others, and found nothing satisfactory except boring deep into each follicle with a galvano-cautery point. If any of the diseases were situated in a part of the tonsil which could be excised, this would shorten the treatment.

**Pure Culture of the Lepra Bacillus.**—Dr. J. M. Byron exhibited specimens of the above to the New York Pathological Society (*Record*). These were of peculiar interest, as there had been much doubt as to the existence of pure cultures of this bacillus. The specimens presented represented the fourth generation, and they were made on agar, with glycerine containing one-half per cent of rock candy, or two per cent of ordinary sugar. They were obtained about eight months ago, from a patient in Charity Hospital. As a means of comparison, he also exhibited tubercle bacilli in the same culture medium. The gray cultures of the lepra bacillus appear at first very small, star-like, grayish-white spots, so flat and transparent as to be seen with difficulty. At the end of three days they reach the size of the head of a small pin, and then apparently cease growing; but if cultivated for two of three months in the incubator, they will be found to be slightly larger, appearing as irregular granular masses, dark in the center, yellowish at the periphery, with wavy edges. Under the microscope they bear a close resemblance to tubercle bacilli, except that some of them present a club-shaped extremity, probably due to early involution forms of bacteria, on account of the necessarily prolonged cultivation in the incubator.

**Racial Variation in the Length of the Palate Process of the Maxilla.**—Mr. A. Fichholz read a paper on this subject before the London Anatomical Society (*Brit. Med. Jour.*). The results of the measurements showed that the length in the so-called higher races was less than that in the lower races, the variation being gradational. Variations in width, on the other hand, were to be regarded as minor fluctuations of a common mean value. It was found, however, that the relative measurements of length and width in the higher races were somewhat the more constant. It was also noted that the higher the race the less steep was the typical palate curve.

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**Steps** are being taken to organize a Sanitary Institute in Sydney; membership will be open to medical practitioners, sanitary engineers and architects. The attention of the institute will be given to all matters connected with sanitation.

**Archives Provinciales de Chirurgie** is a new monthly publication which has just appeared in Paris. The editor is Dr. Marcel Baudouin.

**The Berlin Clinical Weekly** says that the American physicians who attempted to open a "Keeley Institute" in Berlin were refused the right on the ground of the treatment being a "humbug."

**At a Court-Martial** held at Hong Kong, on May 17th, Dr. Wm. Hayes, surgeon, of the Porpoise, was found guilty af inebriety, and was dismissed his ship, losing eleven years seniority as a surgeon.

**Dr. L. P. Kennedy,** formerly conected with the *Atlanta Medical and Surgical Journal*, recently died at the early age of 32. He was highly regarded in Atlanta, the home of his adoption, as well as in South Carolina.

**Dr. George W. Jarman** has been appointed Obstetric Surgeon to the New York Maternity Hospital, to fill the vacancy created by the resignation of Dr. H. J. Garrigues, who has been made Consulting Surgeon.

**The Cincinnati Hospital Library** has been formally inaugurated. It contains 7,363 bound volumes of which 4,225 are bound periodical volumes. The current journals which are kept on hand number 151. This is certainly a good showing for a hospital.

**Medico-Psychological Association of Great Britain and Ireland.**—The fifty-first annual meeting of the Association was held on Thursday, 21st inst., at The Retreat York, in honor of the centenary of the foundation of the institution. Dr. Robert Baker presided.

**Mr. Commissioner Johnstone,** in his account of the recent attack by the slave-owning Arabs in the interior of Africa on the expedition commanded by Captain Maguire, pronounces an enthusiastic eulogy on Dr. Boyce, Parsee surgeon to the expedition, who was speared to death in volunteering to recover the captain's body. "Dr. Boyce," he says, "under the mild and timid manners of a Parsee, hid a brave soul. I had found this out on the previous campaign in which I had taken part, and on my return to Zomba I had asked him to accept a special honorarium from the Administration in acknowledgement of the courage he had displayed. I do not think he really counted the cost of recovering Maguire's body. He cared for him too deeply to calculate the risk he was running."

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**Professor Ernst Ludwig** has been elected Rector Magnificus, and Professor von Hofmann, Dean of the Medical Faculty of the University of Vienna for the academic year 1892-3.

**The Ontario Medical Association** at its annual meeting elected officers as follows: President, Dr. Hillary, Aurora; 1st. Vice-President, Dr. L. Brock, Guelph; 2nd. Vice-President, Dr. Preston, Newboro'; 3rd. Vice-President, Dr. McKay, M.P.P., Ingersoll; 4th. Vice President, Dr. A. R. Harvey, Orillia. General Secretary, Dr. D. J. Gibb Wishart, Toronto; Assistant Secretary, Dr. I. Olmstead, Hamilton; Treasurer, Dr. Barrick, Toronto.

**New Material for Medical History.**—The well-known Berlin professor of church history, Adolf Harnack, a brother of the professor of medical chemistry at Halle and a son-in-law of the celebrated Leipzig surgeon Thiersch, has collected and published everything connected with the art of healing met with by him in writings bearing on ancient church history. The name of the work, which is dedicated to Thiersch, is "Medizinisches aus der altesten Kirchengeschichte" ("Medical Matter from the Oldest History of the Church").

**The Washington State Medical Society** held its annual meeting recently and the following officers were elected for the ensuing year:

President—N. Fred. Essig, of Spokane.
First Vice-President—G. S. Armstrong, of Olympia.
Second Vice President—F. M. Bell, of Kelso.
Secretary—G. D. Shaver, of Tacoma.
Treasurer—J. B. Eagleson, of Seattle.

The next meeting will be held at Tacoma on the first Wednesday in May, 1893.

**The Autopsy of Bishop.**—During the past week Dr. John H. Irwin, one of the physicians who conducted an autopsy upon the body of Washington Irving Bishop, the mind-reader, in May, 1888, was tried for the offence of "illegal dissection"; the indictment being based on a statute which prohibits a post mortem examination without the permission of a coroner or the consent of the next of kin of the deceased. He had a narrow escape from conviction, as the jury, which was unable to agree, stood nine for conviction against three for acquital.

**A Medical Friend** who has recently been taking charge of a practice in Cambridgeshire, states that a lady who had engaged a highly trained nurse from one of the London lying-in hospitals, to attend her during the regulation month, said to the modern Gamp one day: "Well, nurse, I suppose that when you were at the hospital you gained a great deal of experience?" "Oh yes!" was the nurse's reply, "the doctors were always talking about the 'dissipated 'orse.' " My friend concludes that she had overheard the doctors speaking about "dilatation of the os."

**Increase in Number of Physicians in New York.**—The *Medical Register* for 1892 contains the names of 6,651 physicians practicing in New York City and State, as against 6,268 one year ago. In the city the list includes 2,435, as against 2,328 in 1891. Besides this registered number, it is stated that there are about 870 physicians practicing more or less irregularly, of whom over 100 are known to be advertisers. The total number of physicians in New York must be about 3,300, and in Brooklin about 1,000. This gives one physician to 500 population in New York, and one to 900 in Brooklyn. The relative number of physicians throughout the State is less than in the large cities. Attention is called to the fact of the large increase in the number of dispensary patients of late years. In 1891-2 there were 442,000 cases treated gratuitously, or nearly one-third of the population. We observe that the editor of the *Register* continues to omit from the list of physicians prominent and reputable men who are members of the New York Academy of Medicine.

**Barbaric Brazil.**—Two dreadful stories are told in the last number of *Fair Play*—a journal which has throughout interested itself in this subject—as to the treatment of yellow fever cases in a hospital in one of the chief ports in Brazil. The story, as told by our contemporary, is as follows: An engineer engaged on board a vessel in the port was attacked with yellow fever, and removed to the hospital. In the next bed to him was a man also suffering from yellow fever. Two Brazilian attendants, being unable to do anything with this man, who was delirious, by mild means or by simple pressure, got him out of bed, threw him down several times, and, this strong treatment failing to produce the desired effect, kicked him violently in the side, with the result that in a quarter of an hour or twenty minutes he died. To make matters worse, the vomit and excreta of the patients were never removed more than, at the outside, once a day. Anyone can judge of the state of affairs in a hospital in a hot climate where matters were allowed to proceed in this fashion, and everyone must pity the unfortunate seaman, whatever his rank may be, who finds himself exposed to the tender mercies of a Brazilian hospital staff. As a pendent to the story of the hospital treatment in Brazil is the story from Santos. In this port, as is well known, the yellow fever has been unusually fatal. Upward of 200 captains of all nations have died there within the last season, to say nothing of the crews. It appears to be a rule of the port that any person attacked with yellow fever has at once to be removed to the hospital. One captain had with him his son, quite a youth, who got the yellow fever, and was removed to the hospital. On his father applying to see him after the removal, he was told that he was dead, and that the body had been taken to a kind of mortuary. To his surprise, he found the poor lad was not only conscious, but able to speak to him. He was dying rapidly, surrounded by corpses, but not dead!

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**Dr. J. C. Culbertson** has been re-elected editor of the *Journal of the American Medical Association.*

**The Investigation** of the Cincinnati Hospital by the Grand Jury has resulted in a complete vindication of the institution.

**Prof. Louis Pasteur** has been recently reported as suffering from "cholerine" which is prevailing in Paris at present. Some Paris papers had gone so far as to assert that the attack will prove fatal.

**Daniel O'Madigan,** who was for several years superintendent of the St. Louis Quarantine Hospital, died suddenly at the station recently. He was a universal favorite and a faithful officer, and his death was universally deplored.

**Nurses in Paris.**—There are in Paris 6,000 certificated nurses; a certain number of them, in order to avoid going from hospital to hospital to know if they can be employed, have organized a syndicate, to which directors and matrons of *maisons de sante* can apply when they require the services of nurses.

**Dr. F. J. Allan,** Medical Officer of Health for Shoreditch, has secured the conviction of a woman who, whilst her children were kept away from school in consequence of their suffering from scarlet fever, sent them about to do her shopping. The magistrate stated that the practice was a most mischievous one, and fined the woman ten shillings, with costs.

**At a Recent Meeting** of the Academy of Medicine, Dr. Marjolin proposed that in cases where children are born of syphilitic mothers who are delivered in hospitals attached to the Public Assistance, and such children are not suckled by their mothers, but sent to a *creche*, or elsewhere, to be reared, the certificate sent with the infant should state that the child is born of a mother suffering from a contagious disease and must be reared by artificial means. Dr. Marjolin stated that there are no means for protecting wet nurses from contracting syphilis from their nurslings, and it is necessary to use them.

**The Profession in the Leeward Islands** has for some years been striving to get an improved class of midwives, and has, from time to time, appealed to the authorities to secure this, but hitherto without success. Last year Mr. A. P. Boon brought the question before the recently-formed Leeward Islands Branch of the British Medical Association, which he easily persuaded to pass the following resolution: "That this branch of the British Medical Association is of opinion that provison should be made for the proper education, licensing, and registration of the midwives in this colony, whereby the mortality among lying-in women and their infants would probably be much reduced."

**Dr. John R. Hereford,** an old resident of Ferguson, near St. Louis, recently died at the advanced age of 79. He was a highly esteemed member of the community in which he lived.

**Harvard Commencement.**—At the Commencement at Harvard on June 29th, 94 men received the degree of M.D. Of these, 68 were graduates of the three years' course and 26 of the four years' course, 13 received the degree cum laude, of whom nine received also A.M.; 38 had previously the degree of A.B. and three some other degree. At the dinner at the College Alumni in the afternoon, Dr. William Pepper of Philapelphia, complimented the University upon the establishment of the four years' medical course, and spoke of the influence of Harvard upon the whole of the United States.

**Dearth of Doctors in India.**—The *Civil and Military Gazette*, in adverting to the prevailing unhealthiness of North-Western India, considers the time opportune for reiterating its complaints against the inadequate supply of doctors. The medical services in India have no representation commensurate with their importance in the government of India, and it is to this that our contemporary attributes the fact that their complaints are not attended to. It is not, however, from the point of view of the doctors that the question has to be regarded. It is obviously a public question and a serious one as far as their actual and prospective patients are concerned, for a scarcity of medical aid during unhealthy seasons becomes a serious affair for the public. There does not appear to be a sufficiency of medical officers for ordinary work, to say nothing of any margin for contingencies.

**The Cholera** is advancing from Central Asia into Europe (*Record*). It has entered Russia at Baku on the Caspian Sea, and has traveled eastward as far as Tiflis. Passengers from Central Asia on the Trans-Caucasian railway are quarantined for three days near Baku and forced, much against their will, to take a bath and change their clothing. The transportation of freight on the railway has been forbidden, and all food brought into the country is carefully inspected. The disease has appeared also at Astrakhan, and thence ascended the Volga to Saratov. The latter city is on the direct line of the trade route between Asiatic Russia and Moscow, and it is feared that nothing can prevent the epidemic invading this city in the very center of the empire. The Russian authorities are reported to be doing the best they can to keep the disease back, and to enforce the observance of sanitary laws. Cholera has also appeared in Italy, five cases being reported at Brindisi, the terminus for most of the steamers plying between the Levant and Europe. A cablegram from Paris, dated July 6, reports that there were twelve deaths from "cholerine" in the various suburbs of that city in one day.

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**Dr. David S. Booth,** Jr, of St. Louis, was recently married to Miss Basmath A. West, of Belleville, Ill. Our best wishes go with the young couple.

**Dr. James Sproat Green,** of Elizabeth, N. J., died in the early part of the month, at the age of 62. In 1890 he was president of the New Jersey State Medical Society.

**The Board of Education of Boston,** has appointed a corps of experienced physicians to examine the physical condition of all graduates of the Normal College who apply for positions as teachers in the public schools. The uniform fee for such examinations has been fixed at $3.00.

**Summer Complaints and Diseases of Children** are prevalent at this season and are occupying much of the attention of physicians. The Lambert Pharmacal Co, of St. Louis, has published a pamphlet on this subject and it will be pleased to mail it to any physician making application for it.

**Anta-Pa-Re-Na.**—The following letter is self-explanatory:

July 9, 1892.

WESTERN CHEMICAL CO., Clarksburg, Mo.:

SIRS:—For the last three or four months I have used from two to three ounces per week of your Anta-Pa-Re-Na, in a general practice, with good satisfaction, and have not seen any unpleasant effects from its use, and I think it worthy of a trial by all practicing physicians.

Yours truly, J. B. STEWART, M.D.,
Clarksburg, Mo.

**The American Health Resort Association.**—This Association met at the Tremont House, Chicago, June 30, and held three sessions.

There were present delegates representing Canada, Michigan, Massachusetts, Wisconsin, Florida, New Hampshire, New York, Pennsylvania, California, Illinois, Vermont, Colorado, Texas, Iowa, New Mexico and Central America.

It was reported that a Congress of Climatologists would meet in Chicago next year, and it was voted that the Association meet with it.

The following officers were elected:

President—T. C. Duncan, M.D., Chicago.

First Vice-President—J. F. Danter, M.D., Toronto, Canada.

Second Vice-President—I. N. Danforth, M.D., Chicago.

Third Vice-President—W. P. Roberts, M.D., Boston, Mass.

Treasurer—T. S. Hoyne, M.D., Chicago.

Recording Secretary—W. A. Chatterton, Chicago.

Corresponding Secretary—J. D. Hartley, M.D., Chicago.

W. W. Van Baun, M.D., Philadelphia.

Prof. W. S. Holmes, M.D., Chicago.

**Dr. W. B. Green** was killed at Long Branch on July 1. He was crossing the railroad track and was struck by the locomotive of a passing train and instantly killed. It was raining heavily and Dr. Green was carrying an umbrella in such a way that he could not see the approaching train.

**Dr. P. J. Kelly,** formerly of the Sydney Hospital, and late of Casino and Corrowa, has been appointed one of the two Medical Officers attending the 2,400 members and their families belong to the Balmain United Friendly Societies at a Salary of £300 a year each—equal to 5s. per member, or, including their families, about 1s. 3d. a head per annum.

**The Board of Education Building,** of St. Louis, is to become the meeting place of five of the local medical societies, viz.: The St. Louis Medical, the Medico Chirurgical, the City Hospital Medical Society, the Deutsche Medicinische Gesellschaft, and the Verein Deutscher Aertzte. The only one which has not yet signified its intention of meeting there is the Obstetrical and Gynecological.

**The Illinois State Board of Health** has during the week ending July 15, issued State certificates entitling to practice medicine and surgery in Illinois to the following physicians: Felix Behernt, A. S. J. Burchett, Narcisuss Girand, Moritz Kranz, A. R Martin, J. J. Roche, R. L. Smith, E. J. Walsh and W. H. Wood of Chicago, J. W. Carlton, Carthage; E. M. Cooley, Easton; G. W. Green, Ravenswood, and John Wier of Eaton.

**Pettis County Medical Society.**—The Pettis County (Mo.) Medical Society, before adjourning at its late meeting elected the following officers for the coming year:

President—H. W. Latham, Latham Station.
First Vice-President—W. H. Evans, Sedalia.
Second Vice-President—W. H. Cooper, Boonville.
Third Vice-President—R. E. Fewell, Montrose.
Secretary—W. J. Overstreet, Sedalia.
Treasurer—W. B. Scales, Sedalia.

**Dr. J. S. Evans,** of Ellisville, Miss, died at his home on the 8th inst., at the age of 64. He was a conspicuous figure, both in the Senate and House of the Legislature of Alabama during the days of the reconstruction period, and it was through his efforts that the Federal militia were removed from Bladon Springs in 1868. In 1876 he was appointed District Judge of his district by the Governor, and it was during his administration that the most notorious of all negroes, Ben Turner was hanged at Mount Sterling, Ala., in 1877. After having served one term on the bench he retired to the practice of medicine again. He practiced his profession in the country, but so great was his renown as a physician that he was frequently called to distant parts of the country to visit the sick.

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**The Twenty-first Congress** of the French Association for the Advancement of Science will be held this year at Pau, from September 15 to 22.

**The Kentucky State Medical Society** is desirious of publishing its transactions in book form and, judging from present indications it will soon be able to do so.

**Pilocarpine** will in some cases change the color of the hair to black or brown. Cayenne pepper will change the color of Canary birds to orange. Parrots are changed from green to yellow by feeding certain kinds of fats. Madder stains the bones of pigs red. Poke-berries color crows' bones purple.

**Suicide of Dr. Fraser.**—At Swansea, recently, an inquiry was held into the death of Dr. Thomas Alexander Fraser, who, a few days previously, was found dead in bed. The evidence was of the most distressing character. The deceased was engaged to be married, and, fearing that his position might be imperiled financially, he poisoned himself whilst suffering from intense depression. The poison used was prussic acid. A verdict of "suicide whilst temporarily insane" was returned.

**New Children's Hospital**—Following close upon the announced intention of a number of our philanthropic citizens (Buffalo *Med. and Surg. Jour.*) to establish a cholera infantum hospital in the vicinage of Buffalo, comes now the announcement that a children's hospital, for the care and treatment of sick, injured and crippled children, has already incorporated. There is no more useful charity than one that has for its purpose the cure of crippled children. We have a tender corner in our heart for anyone who is instrumental in rescueing one of these maimed little sufferers from the jaws of crippled invalidism, and in bringing them into the realms of self-supporting happiness.

**Literary Diarrhea.**—The *National Medical Review* is inclined to be sarcastic if we are to judge from the following: The story goes that once upon a time a literary genius spied a small boy seated, rod in hand, on the banks of a stream. The genius wished to know if the boy was fishing, and he proceeded thusly to ascertain the fact: "Adolescent, art thou endeavoring to entice the finny tribe to engulph in their denticulated orbs a hook, upon whose point is affixed a dainty allurement?" The story comes to mind upon reading the preamble of the bill presented to Congress by the committee of thirty appointed by the American Medical Association. The bill is to provide for the appointment of a new cabinet officer, a Medical Secretary of Health. We clip the following from the preamble, as an illustration of the confidence said committee has in the Emersonian qualifications of the average Congressman. Here follows the preamble in question.

**Purgative for Children.**—The following is published in *Le Bulletin Medical*:

℞ Ol. ricini, - - - - - - ℥ss.
Infus. caffei, - - - - - ℥ij.
Sacchari, - - - - - - ʒv.
Vitelli. ovi., - - - - - No. j.
M. ft. emulsio.

**Aqua Sedativa.**—Sedative water (Raspail's) (*Prescription*):

℞ Aquæ ammoniæ, - - - - ʒj.
Spir. camphoræ, - - - ♏xlv.
Sodii chloridi, - - - ℥ss.
Aquæ, - - - q.s. ad. ʒviij.
M.
Sig. Shake the liquid when it is to be dispensed.

**Antineuralgic Liniment.**—The following appears in a French exchange:

℞ Chloroform, - - - - - ʒj.
Ether. sulfuric., - - - - ʒjss.
Alcohol. camphorat., - - ʒivss.
Tinct. opii., - - - - ♏xviij.
M.
Sig. Apply a piece of flannel soaked in above to the painful part.

**Injection for Ozena.**—The following is Sidlo's formula (*Med. and Surg. Rep.*):

℞ Potass. chlorati, - - - - - 6.
Glycerini, - - - - - - 30.
Aquæ destillat, - - - - - 300.
M.
Sig. To be injected, several times daily, in ozena. Small rolls of cotton wet with a solution of glycerin (1 in 3)are also introduced thrice daily, and allowed to remain for one hour each time.

**Chronic Gonorrhea.**—The following appears in *l'Union Medicale*:

℞ Argenti nitrat. cryst., - - gr.ij.
Lanolini puriss., - - - ʒvij.
Ol. olivæ puriss., - - - ʒj.
M.
The nitrate of silver must be dissolved in a small quantity of water and incorporsted with the base. A grooved sound is anointed with the mixture and introduced in the urethra three times a week, at first, and twice later on,

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**Song** of the medical student: "Some bodies coming."

**"Why Do** you hyphenate the word Bi-chloride," said the 'regular caller,' "Webster don't." "Ah, yes," replied the editor, "but Webster never took the treat ment."

**A Wish Granted.**—She.—Oh, my tooth aches just dreadfully! I don't see why we cannot be born without teeth.

He.—I think, my dear, that if you will look up some authority on that point, you will find that most of us are.

**An Assignment.**—"Mr. Collum," said the city editor to one of his reporters, "do you drink?"

"No, sir."

"I wish you would acquire the liquor habit, for I want you to make a personal test of one of the new specifics for drunkenness and write it up in good style."

**Doctor.**—You must take a teaspoonful of this medi cine three times a day regularly, taking a dose before each meal, until you feel better.

Journalist.—But, my dear doctor, I can't possibly follow your directions.

"Why not?"

"Because I don't get but one meal every two days."

**It is Said** of Horace Greeley, that upon one occasion a note of his, in which he refused an invitation to dinner, was submitted to a chemist to be dispensed. The chemist looked and was puzzled, but was not to be done. Making up an inocuous mixture, he handed it to the customer. "For cough?" was the laconic question. "Yes; and a very good cough mixtnre, too!"

**A Small German.**—"My vife leats der fashion this veek alretty," said the German policeman to his friend Reilly, the blacksmith. "Ve had a grade sdade uf affairs at our flat lasd night. She gafe a German."

"Is that so?" the blacksmith said, greatly interested. "And whoy was not Oi invited—me and Mrs. Reilly? Oive read of these Germans in the papers over and over again, the curious favors the guests carry away and all that. Shure, O'im rale sorry yez didn't invite me."

"Yah, dot's so," said the inveterate joker. "Vell, it vos gwide a small bardy vot she gafe, mit only von drophy und only von bardickler frent owdside der family invided. Dot vos der doctor. He sayt afdervots it vas von uf der shmallest Germans he ever addended—but dot it seemed healthy und he dought it would lif."

**The Midsummer Semi-Annual Meeting** of the Association of Erie Railway Surgeons was held at the new Tifft House, Buffalo, N. Y., July 12 last. All the surgeons of the Erie company were especially invited to be present, and a cordial invitation was extended to surgeons of other lines.

**World's Fair Rates.**—At a meeting last week in Chicago of the Columbian Passenger Committee it was recommended that a rate of one and a third fare for the round trip should be made from all points on the occasion of the dedicatory ceremonies of the World's Fair, October 12. Several General Passenger Agents favored one fare for the round trip and will probably see that the Committee's recommendation is killed when it is voted upon in the Association meetings. The passenger officials of the Eastern trunk lines protested, by telegraph, the making of a lower rate that a one and a third fare from any point however distant from Chicago.

**The Surgeons** of the Cincinnati, Jackson & Mackinaw Railway met at Manitou Beach, Michigan, June 28, and organized a Surgeon's Association of that enterprising new line, by electing Dr. J. K. Woods, of Van Wert, Ohio, President, and Dr. J. L. Slager, of Paulding, Ohio, Secretary (*Railway Age*). A very earnest, instructive and entertaining session was held. The next meeting will be held at the same place, and we shall be glad to announce the programme. Let us have more such organizations. As the leaves are to the tree, so are the local organizations to the National Association, and as the forests are to the country so are all the organizations of railway surgeons to the financial interests of the railroads of our land.

**Finding Cars.**—In order to relieve "the difficulty of finding one's railway carriage after leaving it to enter the station" we are told that one of the great French lines has had the inspiration of putting conspicuously on ever door "a natural history plate presenting the figure of some bird, beast, reptile or insect." Perhaps stupid people may find help in trying to remember that their car is the frog car or the rattlesnake car, or the hog car, or whatever the "natural history plate" may indicate, but it would seem that for travelers of ordinary intelligence the simple expedient of having the cars numbered would answer; or at any rate that the plan of naming the vehicles, which is in use on a thousand or more sleeping cars in this country, would meet the requirement.

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# MEDICAL REVIEW.

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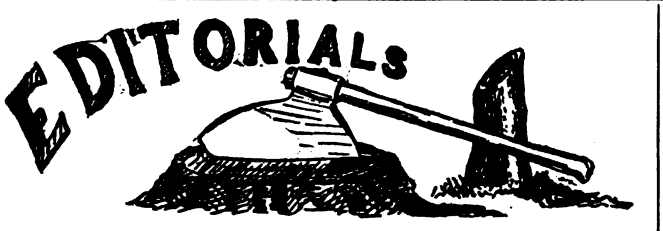


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Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## The New Code.

If our readers will remember, there was appointed at the last meeting of the American Medical Association, a committee whose duty it will be to revise the code of ethics as it now stands. The very fact of the passage of the resolution which called for the appointment of such a committee is one which is very significant. It shows what the pressure has been which has been exerted by the medical profession in the demand for needed reform. That some radical changes were absolutely necessary has been apparent to every one for a number of years, yet so great was the power exerted by a few that any contemplated moves were immediately repressed and many efforts looking to the accomplishment of this end were promptly nipped in the bud and the germs of change were killed before they could put forth the evidence of their existence, much less of growth. Time, however, which accomplishes all things for those who can wait, brought about the condition which we have at present and which promises to be of much good if the forcing process be not employed and thus kill in its incipiency that which will eventually prove of lasting value to the entire medical profession.

The instrument known as the "code of ethics" should certainly be made the rule of action of the physician and, for this reason, should be as brief as possible. It is hardly necessary to indulge in long and rambling platitudes concerning the dignity and other appanages which attach to a decent practitioner of medicine. Nor should a mass of useless matter be introduced looking to the instruction of patients and their behavior to physicians. They never see these things; and, if they did, it is a question as to whether they would profit by a reading of the same. They look upon themselves as purchasers and the best lesson which can probably be inculcated is that they should promptly pay their debts. If they choose to become friends to their physician also, well and good, but no code of ethics can force them to be such. So that all this redundant matter had best be omitted.

There are questions of more than passing interest, however, which this committee will be called upon to consider and they are matters of the gravest importance in some of which a great deal of outside pressure will be brought to bear. One rock upon which more have split than any other one and which has caused a partial secession already is that in which the subject of consultation is involved. What it is which essentially constitutes a consultation has not been positively determined in latter days, for circumstances have changed matters so thoroughly and the irregular schools have so modified their methods of treatment, that many physicians consider consultations with such justifiable on this account. Again, those who are in favor of letting down the bars, say that if their services are desired and paid for it is not their business to inquire into the political, social, or professional status of those asking for such services. This is especially the case with specialists who claim that, as a matter of fact, they are not called into consultation but are asked for advice and opinions and they cannot very well see that they are doing wrong in furnishing that which they are pursuing as a matter of business and for the purpose of gaining a livlihood. On the other hand, the code as it now stands, is uncompromising in its restrictions.

A provision which should certainly be modified is that which provides that no physician can undertake to treat a case without seeing to it that the former atten-

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dant has been dismissed and paid. While the former condition might be carried out without much inconvenience, it is certainly asking a little too much of a physician to act as collector or "dun" for another. It is undoubtedly the duty of each one to see that his accounts are paid and that is what is practically done. In cities, more especially, this clause is practically a dead-letter. Physicians have neither the time nor inclination to look up each patient's former doctor and are content to prescribe and collect. It is only the very young or unoccupied who find any pleasure in this sort of thing and they learn, in a very short time, how unprofitable it is.

Another point which should certainly receive a broader construction is one directly connected with the pursuit of special lines of practice. As is well known specialties have multiplied and specialists are numerous. Whatever may be thought of the matter in the abstract, they exist and are numerous. They contend that they have certain rights and that these have not been accorded them by the American Medical Association. One of these is the liberty of placing upon the card or sign the designation of "specialist" in what ever the particular branch may be; or, of placing beneath the name some such designation as gynecologist, andrologist, etc. They complain, and with a show of justice, that the oculists have in many instances placed the word "oculist" on cards and signs without being disciplined therefor, and why any other specialist should not be entitled to the same privilege is certainly a difficult question to answer. It is true that any one may place upon his card that his practice is limited to a certain class of diseases; but, it is really a subterfuge and the law should be laid down plainly one way or the other and, after thus defining the matter it should be enforced, as there would be no room for quibble or equivocation.

Another matter of more than ordinary importance which will probably come up is that connected with proprietary remedies. The profession is not a unit on this by any means. Some are inclined to look upon all proprietary remedies in the light of patent medicines and they are desirous of having this interpretation made in the revised code. Others, on the other hand, do not share in this opinion, but are equally desirous of having the status of these remedial agents fixed and have them endorsed as legitimate therapeutic agents. Both sides are very active, especially so because of the stimulation which is afforded by those who are more directly and financially interested in the matter—the manu facturers. This is a very knotty problem although, like the knot of Gordius, easy of solution providing some modern Alexander is intrepid enough to cut it in twain at one blow.

We will refer to one more question, only. It is that regarding patents on instruments. Many physicians now claim the moral right to patent instruments and devices, alleging that others are permitted to copyright books, and that it is just as right to protect brain work shown mechanically as it is when exhibited in a literary manner. As the code now stands they cannot do so and are driven to the subterfuge of getting some instrument maker to obtain the patient and collecting a royalty thereon. Under such circumstances, it is certainly only a mere change in form and not in fact which is accomplished and it is certainly not a measure which tends to elevate the *morale* of the medical profession to drive the individual members to hypocritical ways and deception.

We have briefly outlined some of the problems which will confront the committee on revision of the code, if it proposes to perform but a part of its duty. They are all questions of more or less moment, and they are all of vital interest. It will do no good to try to evade any or shirk them. The profession of the country has its eyes fixed upon the committee and expects what will practically amount to a new code. There is no doubt, whatever, in our mind, that no matter what the report is a storm will be raised. Like all such perturbations it will have the tendency of clearing the atmosphere and some good is sure to result. We desire to express the sincere hope that the committee, as well as the Association, when it considers the report, will bear in mind the necessity that exists of making it be what it should be of the "greatest good to the greatest number."

**Preachers and Medical Ethics** do not seem to make a harmonious combination at all times. Says the *Times and Register*: There is one class of men, however, who will not learn wisdom even by experience —the religious newspaper men and the certificate-dispensing preachers. Now there is not a very large proportion of the clerical profession given to certificate writing—not more, perhaps, than one per cent, and not the most reputable portion of the profession either. Yet, there are quite enough by their loudness and bold obtrusiveness to bring reproach upon the profession to which they belong. The manner in which we can induce them to do better is not to abuse them for what they do in their ignorance, but try to show them, patiently the better way.

The preacher will boldly give a certificate for a medicine, of the composition of which he knows nothing, upon the observation of a single case, of extremely doubtful diagnosis; while the scientific physician will hesitate to give more than a report favoring further trial and observation, even after having favorable results with a known drug in a hundred cases accurately diagnosed. A clear example that "fools rush in where angels fear to tread."

We have seen a conspicuous example recently of a preacher betraying his people into the hands of a charlatan, when a much advertised Brooklyn preacher introduced into his own pulpit a much advertised doctor of secret methods for the purpose of further advertisement of both of them. We think that, for once, there "were two of a kind" in that pulpit—the quack preacher

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and the quack doctor. They were well matched—brothers as it were. We always estimated that preacher as a sensational mountebank, and this gives but another proof of our views. By so grossly violating the instinctive sense of propriety and regard for truth possessed by the best class of minds, he is injuring the cause, for which he himself stands, far more than the most candid, outspoken infidel can do.

**The Four Years' Course** has been fairly inaugated by a number of medical colleges. At the annual dinner of the Harvard Medical School Alumni Association addresses were made on the subject by Dr. R. J. Chadwick, Pres. Charles W. Elliot, Dr. William Pepper, Dr. W. H. Welch and Dr. J. C. White, who stated in behalf of Harvard that the novel features of the plan which had been adopted are (Boston *Med. and Surg. Jour.*):

1. The nominal requirement of general chemistry at entrance; but as a means of acquiring a sufficient knowledge in this branch do not exist in the preparatory schools in all parts of the country from which students are drawn, it is evident that a considerable proportion of the entering classes must be conditioned in this study on admission, and that it must hold its place in the first years' curriculum for some time to come.

2. The recognition of the possibility of obtaining some knowledge in subjects, which have hitherto constituted the first year's course of the school, in non-medical institutions of learning before entrance, whereby admission to advanced standing may be facilitated, and the whole period of university residence, including the undergraduate and professional, be reduced to seven years again. Thus students coming from colleges or scientific schools where anatomy, histology, physiology, and general chemistry are taught, may be admitted to the second year, on passing an examination in these subjects at entrance.

3. More time will be given to practical instruction in clinical chemistry and bacteriology.

4. Study of the general clinical branches will be extended over three years, instead of being limited to two years, as heretofore.

5. An examination will be required in most of the special departments in which instruction is given. This will ensure the attendance of students upon all courses and, at least, some knowledge of every disease. Hitherto, students have been permitted to graduate without having received, although freely given, the slightest instruction in many common diseases they might meet in the first week of their practice.

**Medico-Legal Testimony** is considered by Dr. S. V. Clevenger, who says among other things (*Times and Register*) that it is a precept with legal men that the plain truth enables a witness to stand unshaken on cross examination, and an expert witness who has earned the reputation for dealing in truth comes to be respected by bench and bar, and is usually not cross examined to any extent for fear that he will make his case stronger. Judges readily learn who are fair witnesses, and often charge the jury strongly accordingly. In time, a good reputation will profit an expert pecuniarily, for lawyers will bring their cleanest and best cases to him.

Among curiosities of medical testimony I recall the following: In one case a physician stated that a head injury seldom caused insanity, and in another case that it invariably did so.

Another doctor swore that a trace of sugar in the urine constituted diabetes mellitus, and a quantitive analysis was not necessary.

Still another stated that he was an expert in electrodiagnosis, and that it was of great value, and at another time sneered at it as valueless.

One announced himself as an expert surgeon in a country trial on his direct examination, but catching sight of a well known surgeon in the court room, who had been engaged by the other side, on cross examination concluded that he was not an expert surgeon.

Another physician reversed the definitions of objective and subjective symptoms, insisting that a headache was objective, and a cut-off nose was subjective. Still another stated that a subjective symptom was one that was merely less important than an objective one.

And so instances could be multiplied *ad infinitum*. It is reasonable to suppose that were powers of observation or regard for varacity has been so little under training, as indicated in these answers, great advantage can be gained over such witnesses by a better instructed lawyer.

**Is It Not Time?** is a question asked by the New York *Journal of Gynecology and Obstetrics*, and which it respectfully submits to the attention of its exchanges. Among the pertinent questions asked are the following: Is it not time to insist upon our right to be considered among the practical members of society? Are not medical men as shrewd and as intelligent, to put it modestly, as any other class which works with its brain or hands for daily sustenance? It has been the custom, for many generations, for the medical profession to pose as pure philanthropists totally unfit to understand the practical affairs of life outside of the treatment of disease, while the public at large have acquiesced to pretend to consider us in this sentimental and ridiculous light. Both we and the public know this to be a sham for we both believe the average physician to be at least as good a business man as he who is engaged exclusively in commerce. Is it not time then to acknowledge our true social status?

The distinction and just marks of our profession are: the duty of giving our best efforts to the alleviation of sickness *without compensation* when necessary; *with compensation*, and an adequate one, when patients are endowed with worldly goods. "The laborer is worthy of his hire" and doctors must live by their profession. Over and above this, it is the duty, willingly assumed,

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of every practitioner to devote his best energies, gratis, to every case of poverty where his particular services are necessary to relieve in disease or to save life.

Excepting this obligation then which is ours, in distinction to all other professions and trades, only in special form and in the matter of degree, the medical profession should not differ in its laws regulating profit and loss nor in the application of those rules comprehensively termed "business principles" from all other honorable occupations of mankind.

We would be the last to detract from the title "noble" so often applied to the practice of medicine. It *is* noble because of the very obligation so cheerfully and universally acknowledged among us of relieving sickness in poverty. But because this is noble, because we alone of all mundane occupations carry out practically the duty incumbent upon all humanity, because we alone give more than we receive, obtain a smaller interest upon our investment of time, hard work, and money —it does not follow that we should submit longer to imposition from the hands of those to whose advancement and advantage our best energies are devoted.

Many come to our free dispensaries and clinics wearing valuable jewels and expensive clothes, who frequently confess their ability to pay adequate medical fees if they choose. Yet we have never heard of hospital authorities refusing admission to such patients on the ground of their ability to pay for medical attention or on the ground that they should give place to the sick who are poor. How loud and fierce would be the hue and cry, were we to establish an association for the aid of litigants through which we guaranteed the escape of lawyers' fees and the employment of the best legal talent to all, rich or poor, who paid for initiation. And this golden rule might be applied to the merchant as well.

In consequence of this, though the standard of medical education has never been so high, medical men are literally *starved* out of the profession or are driven into the army of advertising quacks.

Let lay men *give* then to hospitals but let the giving no longer be merely an investment for personal honor and consideration in the eyes of men. In every hospital medical men should, as we believe they soon will, have a preponderating influence in the governing board.

Another injustice to which the profession have too long submitted is the irresponsibility and too-frequent rapacity of instrument-makers.

A clever man after months, perhaps years, of thought and endeavor perfects an instrument exactly fitted to a certain end—an instrument just adapted to cure a particular condition of disease, to simplify and popularize an operation, or even to make possible an original operative procedure. It passes into the hands of an instrument-maker and within a month in many cases—we had almost said the majority of cases—if there be a ready sale, the inventor will be unable to recognize his own work in that shop. The nearest approach to his own instrument he will frequently find sold under another man's name, owing to the addition of an extra screw or a longer handle. There are many medical sharks of this character and they enable instrument makers thus to sell several grades of apparently the same instrument under the titles "it," "better," "just as good and cheaper."

**Revolutionary Ideas** seem to be cropping out if we are to judge by the following from the *Southern Clinic*: We do not mean to speak in an uncomplimentary manner of the profession when we say that the great masses of physicians are swayed and directed, contrary to their ideas of justice or right to themselves, by a few self-constituted censors and whip-holders in the ranks of the profession.

Thousands of men are debarred from doing what they consider advantageous to themselves and perfectly honorable and correct toward their fellow-man, because someone in the profession has the audacity to proclaim what *is right* and what *is wrong!* A careful analysis will reveal the fact in many cases that these self-constituted law givers have but one claim for recognition at the hands of those whom they seek to control and hoodwink, and this claim may be characterized generally as unalloyed *impudence*.

There is no reason imaginable why a man may not practice medicine as he sees fit, to consult with whom he pleases, charge what seems just to the patient and remunerative to himself, and manage his own affairs as he sees best, without being dictated to by men who do not know that it is bad taste to dabble into the affairs of other people. When a man receives his medical degree in this practical and common sense world of ours, it is presumed that he buys a certain commodity without restriction, to be used as will best serve his business ends in future. Any other presumption would place him altogether in a false light from the standpoint of the bread-winner. The majority of medical graduates however, assume that they are not free agents, that their thoughts, actions and business methods must be controlled by some higher power than their own God given reasoning faculties, and hence we find the "Oracles" consulted on all manner of questions in the ordinary business life of the physician. He seems almost to tread his pathway with fear and trembling, lest he might offend the Code or some of its egotistic expounders. A man who lives in such slavish fear is eternally fleeing from shadows; he degrades himself and his manhood and surrenders his own intelligence and reasoning faculties, allowing himself to be kicked into the traces by any bombastic creature who may choose to assume superior knowledge.

**Keeley's Cure** is not the success in England which its notorious originator fondly hoped for. As the peripatetic correspondent of the *Hospital Gazette* says, it is much to the credit of the editors of the *Lancet* and the *British Medical Journal* that they are taking up a very proper attitude in regard to the "gold

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cure." They condemn it as a secret remedy in strong language, thus affording a very gratifying contrast to the attitude they took up when the Koch "cure" was sprung on the profession in that country. That was as much a secret remedy as the "gold cure," but the German "cure" was gushingly patronized by our medical guides. Their experience in that lamentable fiasco has taught them wisdom, and it will, I venture to say, be a long time before any foreign exploiters of secret remedies will be patronized by the *Lancet* or *British Medical Journal*. One dose of Koch's "cure" ought to be sufficiently potent to secure editorial immunity against imported virus for a lifetime.

**Prostitution** is said by Dr. Mary E. Allen (*Annals of Gyn. and Ped.*) to be encouraged by writers and teachers of medicine, when they urge upon others the view that it must exist, and that promiscuous sexual intercourse is necessary for health. She says that the public at large looks to the graduate in medicine to teach them what is right and what is wrong in regard to the care of their bodies and the indulgence of their passions; and when our young men go out of their college life with their minds poisoned with the teaching that prostitution is right and proper, and with vulgar ideas in regard to women, which they have imbibed from the vulgar jokes indulged in by professors in regard to women and the sexual relation, how can one expect that they will teach high-toned morals to men of the world?

Now, this sort of thing is going on in nearly all the medical colleges where young men are taught. In nearly every one professors are to be found who urge the young men into houses of prostitution by holding up the necessity of such places. And many in the ranks of those who teach diseases of women, are not ashamed to indulge in vulgar speech and insinuations that tend to instil into the receptive mind of many a future doctor a contempt for woman that taints the whole of his after life. When, as often happens, the man who thus debases himself is brilliant in his branch, and taking in his manners, the more demoralizing is his influence among the students.

**War** seems to be threatened by the *Post Graduate* which says editorially that if the American Medical Association has made up its mind to confine itself to its legitimate duty of cultivating the amenities between the widely separated members of the profession in this vast country, and of exhibiting the scientific qualities of its various sections, and to leave the New York State Medical Society to its chartered rights, we have no doubt but that the latter body will resume its old relations. But the New York State Medical Society will never be controlled by a medical mass meeting, in which, at one time, Illinois, Indiana, and the great West predominate, at another Texas and the South. The American Medical Association can never be an authoritative legislative body in this country. Its membership is as shifting as the sands of the seashore, while the New York State Medical Society is a representative body, having chartered rights which cannot be given away.

**Coroners' Autopsies** should be conducted in a different manner, according to the Canadian *Practitioner*, which goes on to say that the present system of choosing physicians to make the post mortem examinations for coroners is anything but satisfactory. It frequently happens that the autopsies are conducted in a very perfunctory style by men who are incompetent for such work. We do not wish to cast any slurs on the capacities of many able general practitioners who have made such examinations in Ontario during the last few years; but we believe it will be generally acknowledged that the time has now arrived when such work should be placed in the hands of skilled pathologists, when such can be found. In Toronto the coroners appear to think that all physicians are perfectly competent for such purposes, and that the men who pay special attention to pathology, in some cases, making it the chief work of their lives, have indulged in superfluities as far as medico-legal cases are concerned.

The above could be said with equal truthfulness of the method practiced in this country. We have unfortunately, seen but too many examples of incompetency displayed in the making of coroners' autopsies.

**Modern Therapeusis** has undergone changes in late years and according to the *American Therapist* the trend in modern therapeutics is toward specialism, by which is meant the careful study of medicaments from a physiological and clinical standpoint, with a view to determine with some degree of accuracy the true position which a single remedy or combination is entitled to occupy in arresting or modifying the course of disease. While the absurdity of polypharmacy has been sufficiently demonstrated, as usually practiced, the simultaneous administration of different remedies separately, combined or in alternation, does not conflict with the demands of science. On the contrary, it shows a commendable disposition to discover and prove or verify the claims advanced for the medicaments exhibited, and by familiarizing ourselves with their remedial properties at the bedside; certain, definite, curative results may, aside from idiosyncrasies and pathological complications, be estimated. Moreover, under the plan outlined, which considers first the patient and next the disease, we are frequently enabled to note the effects not anticipated from our knowledge of the therapeutic powers of the drug administered, hence, reflection and observation, together with a modicum of intelligence, may lead ultimately to important results.

**A Liberal Offer.**—The MEDICAL REVIEW will be sent to non subscribers for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

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**Device to Prevent Mouth Breathing During Sleep.**—Dr. Thomas R. French gives us a very convenient apparatus in Leonard's *Ill. Med. Jour.*: The device consists or a piece of "wash blonde," a kind of "illusion," which is attached to straps of light webbing and adjusted to the head in the manner shown in the accompanying sketch.

"The "wash blonde" is placed under the chin and the perpendicular straps buckled together at the top of the head. In this way the needful support is given to the lower jaw. The perpendicular straps are held in position on the head by two back straps, which are looped on to them, and which are also regulated by a buckle. The buckle at the top of the head is padded to prevent uncomfortable pressure being made, and the whole appliance is so light and elastic that it is usually worn, after a trial or two, without the slightest discomfort. This apparatus will also be found very effective in preventing and curing the habit of snoring.

**Method of Using Apioline.**—Dr. W. A. Newman Dorland states (*Am. Ther.*) that apioline may be looked upon as the most efficient emmenagogue at our disposal, but in order to secure the best results it is essential that it be administered in the proper manner. Its use is especially indicated in those cases of amenorrhea consequent upon a general anemia; either that form associated with exhausting discharges, incipient phthisis, chlorosis, or other depraved conditions of the system, or that due to the constitutional disturbances arising from a change in the climatic influences, such as is frequently encountered in young girls recently landed in this country. Particularly is its use in the last-named class of cases attended with very satisfactory results. In all of these cases it is well to combine the drug with some preparation of iron. Either Blaud's pill or the compound iron pill of the U. S. Pharmacopeia should be given uninterruptedly until a few days before the expected appearance of the menses. Then, continuing the iron, apioline in five minim capsules should be exhibited three times daily, and continued until the appearance of the flow. This procedure may be repeated at the next menstrual epoch, the iron being continued during the interval. At the same time by the use of proper laxatives the bowels should be kept pervious and the entire digestive tract maintained in a good condition. If administered in any other way the full benefit of the apioline cannot be secured, while by the method suggested its employment must must give satisfaction.

**Strontium Lactate in Tenia.**—Our readers may remember that some time ago we published a formula of Dr. Laborde, of Paris, in which he advocated strontium lactate for tape-worm, giving a formula for its use. A prerequisite in this is that the salt be absolutely free from barium in order to avoid intoxication. A method of being sure of obtaining a perfectly pure solution and one which is standardized is to order the solution of strontium lactate of Paraf-Javal. In the case of tape worm two teaspoonfuls given every morning for five days will generally prove sufficient.

**Rupture of the Eye.**—According to Dr. C. W. Tangeman (*Lancet Clinic*) rupture of the eye may bring about the following conditions:

1. The ruptured eye may suppurate in consequence of infection during or after injury.
2. The sympathetic irritation or inflammation of the sound eye may be induced by the irritation of cicatricial contraction if the wound has involved the ciliary region.
3. The eye nearly always shrinks, is quite soft, and may or may not be painful.
4. The eye may wholly recover from the inflammatory symptoms, retaining a certain amount of vision, but a staphylomatous bulging occurs in the region of the wound.
5. Some few eyes recover with a fair amout of vision and a normal globe.

**The Goat as a Source of Vaccine.**—The experiments which have recently been made with the injection of the blood of the goat in the treatment of tuberculosis have given rise to the suggestion that this animal, which seems to enjoy absolute immunity against tuberculosis, might prove to be a better source of vaccine than the calf, which is well known to be subject to tubercular disease (*Bact. World*).

It has long been known to veterinary surgeons that the udder of the cow is a frequent seat of tuberculosis. In such cases the calf would be very certain to become affected, and tuberculosis has been not infrequently observed in calves. It is consequently possible that tubercular infection might occur through vaccination, al-

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though such cases must be exceedingly rare, and if the vaccine is produced with proper aseptic precautions, including a careful examination of the animal itself before vaccination, it would seem that infection from this source might considered as scarcely possible. Nevertheless, research and experiment in every direction looking toward the conservation of human life is to be welcome.

**Parturient Lesions and Insanity.**—In a paper on the influence of parturient lesions of the uterus and vagina in the causation of insanity (*Jour. Am. Med. Asso.*) Dr. George H. Rohe arrives at the following conclusions:

1. Puerperal insanity is, in at least, the large majority of cases, an infection psychosis.

2. Without rejecting the influence of other factors such as heredity, anemia, exhaustion, mental shock and distress, careful observation will show that few cases of puerperal insanity occur without preceding or coincident puerperal infection.

The reasons for this opinion may be briefly summed up as follows:

1. Puerperal insanity occure in the great majority of cases within the first ten days after delivery—about one half in the first five days—the same period during which puerperal infection usually occurs.

2. It is usually accompanied by elevation of temperature and other evidences of febrile disturbances.

3. The clinical form in which puerperal insanity manifests itself is, in the majority of cases, that of acute, delirious, or confusional mania. Depressive states are rare except as secondary forms. In other words, the most frequent condition is one most closely resembling febrile delirium.

4. The death-rate is much higher than in simple mania. Death occurs from exhaustion, usually with high temperature and rapid pulse.

5. Post-mortem examinations, though apparently infrequent in these cases, have shown grave involvement of the pelvic viscera.

6. Examinations of the pelvic organs during life show lacerations of the perineum and cervix uteri (facile channels of infection in the puerperal woman). As secondary conditions are found intra-pelvic (peritoneal) inflammations, and consequent abnormal locations, fixations and congestions of the uterus, tubes and ovaries.

7. The results of operations seem to show that removal of local sources of irritation increases the chances of recovery from the mental disease.

**Insect Purveyors of Tuberculosis.**—Since the mighty effects of infinitely minute quantities of micro-organisms were recognised, attention has been directed to the role of insects in the propagation of disease (*Hosp. Gaz*). Flies have over and over again been accused of inoculating anthrax, erysipelas, and the like, and the widespread erythema which often follows the insertion of their probosces through the skin is difficult to explain on any other hypothesis. The latest discovery (?) in this direction is that the thorougly domesticated insects, without whose presence no home is complete, to wit, the Pulex Irritans and the Norfolkus Howardii. It is, of course, very difficult to secure circumstantial evidence of their participation in the spread of disease in particular instances, but a French medico-bacteriologico-entomologist has ascertained that the body of the common or garden bug may contain—and under certain circumstances has been proved experimentally to contain—the characteristic bacillus of tuberculosis. Portions of the body-pulp introduced beneath the skin of guinea pigs promptly determined a general tuberculosis, and cultivation in suitable media gave luxurious colonies. The experiments in question were carried out with insects formerly inhabiting the bed owned by a phthisical patient, whose declining hours were rendered irksome by their too assiduous attentions. Fortunately, most people do not need this additional incentive to do their utmost to keep these parasites at arm's length, but in view of this French doctor's researches dislike will probably deepen into loathing.

**Treatment of Eclampsia.**—Dr. Robert Olshausen says (*Med. and Surg. Rep.*):

Regarding the therapy, I recommend morphine in large doses and when on account of the small pulse and greatly contracted pupils, no more may be given; then chloral by rectal injection.

In multiparæ the amniotic sac should be ruptured as soon as possible in order to induce, and accelerate the birth of the fetus. So soon as the size of cervix no longer offers any opposition, the forceps should be resorted to. Version and incision of the cervix, is a practice that should be restricted as far as possible.

In exceptional cases, for the sake of the mother, or if she is moribund, for the sake ef the child, Cesarean section is indicated; but it is never quite impossible to give any precise indications as to when it is justifiable.

**Primary Amputation and Resection.**—In a paper, dealing with these operations on the extremities, Dr. Thomas H. Manley arrives at these conclusions (*Med. Rec.*):

1. Primary amputation in civil life should never be resorted to in the young, growing subject; nor in the adult, only under very exceptional circumstances; as, when the physical force of violence itself has been so great as to effect total destruction of the part, and the scissors or scalpel is employed to complete the work of division, that the dead may be separated from the living.

2. When a limb or part of a limb must be sacrificed, a consecutive amputation offers the best prospects of survival from shock and a stump less prone to slough, than immediate severance in contiguity of mangled or fatally damaged structures.

3. Resection, in connection with osteoplasty, should be adopted as a general substitute for primary amputa-

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tion, for by its intelligent and general adoption our patient's prospects are not imperilled, and very much may be saved which has heretofore been sacrificed.

4. With respect to amputations in general, the ancient doctrine cannot be reiterated with too great emphasis, viz., to sacrifice nothing which may be spared, whether a phalanx metacarpal or metatarsal bone; one of the tarsus or carpus; to spare the joint, no matter how insignificant it may be in function, and never penetrate an articulation if the smallest part of the shaft can be spared.

5. Hot water or solutions of bichloride of mercury should never be employed in resections or amputations through living tissues, for the bone substance is extremely intolerant of either; hence, though the stump promptly closes in, they may have laid the ground-work of an osteomyelitis, which, in the near future, will make a secondary amputation imperative. In those foul, infected tissues, arising from neglect before resection or amputation, and in which we must employ some disinfectant, we should not neglect, after using the corrosive solution, to always follow it by a thorough drenching with pure, sterilized water, with a view of washing away any residue or excess of this powerful irritant that may linger in the wound.

**New Treatment of Gonorrhea.**—Watier, in the *Journal de Medecine et Chirurgie*, describes what he calls the antiseptic treatment of gonorrhea, and chronicles great success therewith. The injection is as follows:

℞ Hydrarg. bichlorid, - grammes 0.1.
Antipyrin, - - - " 10.0.
Aquæ, - - - - " 1000.0.
M. et solve.

The injection is administered three or four times daily, preferably immediately after micturition. The injection should be held in the urethra as long as possible.

**New Variety of Tropho-Neurosis of the Skin.**—MM. Hollopeau and Larat (*La Semaine Med.*) describes a condition of the skin characterized by dyschromia and lichenoid eruption. Reference is made to the various dyschromias due to nervous origin which have been described by authors, and to the concomitant phenomena, consisting of disturbances of sensibility and of the vascular system, and disorders of secretion; to which may be added, as shown by a case of the author's, impaired nutrition of the hairs. A case recently observed shows that lichenoid papules may also be produced by the same causes. They make a resume of their observations as follows: There exists a dermatosis characterized by achromatous patches surrounded by a papular border and by increased pigmentation. This dermatosis is probably a cutaneous manifestation or hysteria. The papules, lichenoid in kind, may be of a tropho-neurotic origin. They are not necessarily akin to pruritus. Cutaneous electrization in the form of bath, with the faradic current, seems to be indicated.

**New Anti-Rheumatic.**—Salophene is a derivative. It is obtaied (*Med. and Surg. Rep.*) by treating para nitrophenol with salicylic acid, reducing the nitrophenol by means of zinc and and hydrochloric acid into an amide, and acting upon this with acetic acid. Salopeene contains about 50 per cent of salicylic acid, and exists in the form of thin scales, tasteless, inodorous, and with a neutral reaction. It is almost insoluble in cold water, and only slightly so when warmed. Upon the addition, however, of an alkali it readily dissolves. It is very soluble in alcohol and ether. It burns with a smoky flame, leaving no residue. In the stomach salophene breaks up into salicylic acid and acetyl paraamido-phenol. These substances are excreted by the kidney, and can be found in the urine. Salophene, owing to the presence of amidophenol, is less poisonous than salol. According to Guttmann, it is a valuable remedy in articular rheumatism, given in doses of from four to six grammes a day in pill or in the form of compressed tablets.

**New Remedy in Diabetes Mellitus.**—Prof. Winternitz, of Vienna, recently drew attention to a domestic drug that he thought had been neglected (*Med. Rec.*). He related several renal cases that he had successfully treated by an extract made from the wild bilberry. His first experiments with the extract were directed toward the mucous membranes of the mouth, and finding it successful, extended his observations to the bronchi, bladder, and renal organs, where he met with equal success. He admitted having combined with the treatment the hydropathic applications, which were considered to have modified the avowed action and efficacy of the drug. Weil, of Berlin, has now added new testimony to the record of value attributed to this plant, in assuring us that it has acted in a wondrous fashion in apparently curing a young man of diabetes mellitus.

**Electricity to Facilitate the Introduction of the Eustachian Catheter.**—Dr. A. K. Bond, reports the following (Maryland *Med. Jour.*): A middle aged gentleman came to me in June, 1892, with a recent perforation of the drum of the right ear. In course of treatment I found the passage of the eustachian catheter through the nose very difficult and painful on account of swelling of the nasal tissues, and spasm of the muscles in the posterior part of the nasal floor. Sometimes by prolonged and gentle pressure the catheter tip would, after five or ten minutes, pass into the pharynx; but at other sittings the great pain and prolonged spasm with bleeding would cause me to omit catheterization for the day. The curve of the hard rubber catheter was about as slight as was compatible with its application to the mouth of the eustachian tube.

After a week of such experience it occurred to me that the nasal walls might be so relaxed by the passage

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of an electric sound (which I was at the time using in a case of acute nasal stenosis) that the catheter could be quickly passed in without difficulty. I therefore, at the next visit, attached the sound, which had an insulated aluminium bulb about twice the diameter of the catheter, to a ten cell battery of my fifty-cell chloride of silver galvanic battery, and passed it through the right nostril into the pharynx, the swelling and muscular spasm yielding gradually and painlessly before it. Quickly withdrawing the sound, I passed the hard rubber catheter easily into the pharynx, much to the surprise and delight of the patient, who had come to regard catheterization as an exceedingly painful operation.

It may be objected that the application of cocaine would have accomplished as much, but in my opinion the use of electricity is a much simpler and more scientific method.

**A Study in Circulation.**—The following novel and easily practicable means of studying the process of circulation in living plants is published in the Omaha *Clinic* by W. R. Lighton:

Select a plant of coarse, vigorous growth, having the veins upon the under side of the leaves prominent and strong. Where the growth is newest and the circulation freest cut off a stem with a sharp knife, and while still fresh place the cut end in carmine or scarlet writing ink. In a few minutes the coloring matter will pass into the circulation, the veins upon the back of the leaves becoming brightly stained.

If, now, a plant be chosen having structure of sufficient delicacy to admit of a study by transmitted light, and a leaf be placed and held in position upon the stage of the microscope, immediately upon the immersion of the stem in the dye, by the use of low power objectives the circulatory process may be easily followed.

**How to Obtain Pure Cultures of the Bacillus of Tuberculosis.**—Mr. E. Pastor recommends the following new process (*Bact. World*): The existence of the bacillus in sputum being known, the patient is made to rinse the mouth and throat thoroughly with sterile water, which is poured directly into a sterile vessel (large test-tube would do). This material is filtered through gauze to separate the largest particles, a litte more sterile water is added, and the whole is shaken violently. A few drops of this liquid are mixed with gelatinous culture which is then spread over a glass plate. In three or four days, the foreign microbes show their development. All the spots thus affected are cut out, and the clear patches left between them are deposited in tubes of blood serum. It is rare that these clear spots do not contain germs of consumption which grow later in the serum.

Cultures from tubercules or lung cavities may be made by the same process of dilution, etc.

**Now** is the time to subscribe for the Weekly Medical Review

## San Francisco Letter.

Editor Medical Review.—An ethical war will be waged at the next meeting of the San Francisco Medical Society—already we hear the hum of preparations and the clash of knives as they are being sharpened for the fray, for the members are out after "scalps." At the regular meeting held on the evening of the 12th, Dr. Lundberg rose with a bound and preferred charges against Dr. Long of the Board of Health and Dr. Lefevre, Superintendent of the County Hospital for wilfully and deliberately violating the code of ethics by advertising in the newspapers a secret remedy, which they call "Neuro-tecton," alleging it to be a "never failing cure" for the whole gamut of diseases from the opium habit to epilepsy, taking pages of the papers to publish letters from prominent ministers and lawyers of this city who have been rescued from death, etc.,—outdoing the Keeleyites on their own ground—prostituting their official positions and titles to advertise their business in the style of the most veritable quack; degrading the profession and trailing its honor in the dust. Action was postponed by a motion to refer the matter to the Committee on Ethics with a request that they report at the next regular meeting, at which time we shall look for "squalls." It will be remembered that these same men figured notoriously at the supervisional "washing of the linen" of the City and County Hospitals some weeks ago. It appears as if they are combined for all there is in it and are working the patronage of the Board of Health for the nimble dollar. A new scheme of one of them has just been brought to my notice and I have taken pains to verify it. A vineyard has been laid out (on paper at least) to be run as a stock company, but the stock is sold exclusively to employees at the Hospital, Almshouse, Pesthouse, and such other places as are under the control of the Board of Health and Superintendent of the Hospital. All the employees have been approached and told they will have to subscribe or get out—others applying for positions have had to take a share or two, before it would be considered. They are let in on this great scheme for their benefit at $10 per share per month—assessments to be paid whenever the director thinks they have a dollar left over. Garroting seems to "a man up a tree" as a refined gentlemanly business compared with this cold blooded squeezing of poor nurses and watchmen, whose whole salary at the best is barely sufficient to keep them.

After the charges of Dr. Lundberg were referred to the committee on ethics, Dr. Thayer read a paper on

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the solar cautery, which the doctor said he had used thousands (?) of times with invariably good results. He stated he had used it in several cases of lupus exedens, on moles, nevi, even on tumors in the breast and that it was easier handled, better limited and easier prepared (?) than any other. The members seemed rather savage at being balked in the matter of Long and Lefevre and proceeded to tear the worthy doctor's arguments to shreds. The paper was hardly treated seriously and very few pertinent questions were asked.

Dr. Burnham, of St. Luke's Hospital, hurriedly returned three days ago from a fishing excursion, suffering from septic poisoning. It started in the hand from apparently a slight abrasion by a piece of redwood and already the tendons and ligaments at the wrist are bare and at the best he will have very little use of the hand, and will probably lose the arm, if not his life. It is being treated conservatively. Fate seems perverse that a man should escape the many dangers of a dissecting room and the autopsy room of a city hospital and then get septicemia while enjoying the pure air of the redwood forest.

The report of the State Board of Health shows that the average doctor's cases have been rather scarce during the last month. Zymotic diseases cut a very small figure and the death rate is remarkably low. Phthisis as usual is in the lead—the "one lunged tourist" always runs up the list under that heading. S. J. H.

## Philadelphia Letter.

Editor MEDICAL REVIEW.—Dr. LaPlace, in one of his last clinics at the Philadelphia Hospital, operated upon a case of tubercular adenitis of the cervical region. In his preliminary remarks he laid great stress upon the responsibility one assumed in making a diagnosis of tubercular glandular enlargement. A tubercular adenitis may or may not possess all the signs of acute inflammation. If the inflammatory process has gone on to suppuration, as will be the eventual result in all cases, unless interfered with by operation, the symptoms exactly simulate those of simple acute abscess. In inquiring into the history of the case, however, we discover this difference—the acute abscess usually results from infection from a decaying tooth or direct infection through the skin in this region and is attended by the symptoms of acute inflammation from the onset leading on rapidly to suppuration and abscess. In the tubercular condition we will find that the first thing noticed by the patient has been a small, hard, painless lump, freely movable, owing to the tubercular deposit occuring in the center of the gland. This continues to develope until the entire gland becomes a caseous mass, the inflammation extends to the surrounding tissue, the inflamed tissues suppurate resulting in an abscess of tubercular origin. Such is the character of the case under consideration. When the disease has reached this stage the indications for treatment are much the same as in the case of a simple acute abscess, namely, to freely open and evacuaae the pus. If it proves desirable to remove the degenerated gland it can be scraped.

In the case in hand the abscess haq pointed just above the angle of the inferior maxilla. A free incision was made in the line of the lower jaw, a considerable quantity of pus escaped. The abscess cavity contained caseous masses (degenerated lymph glands) which were readily detached and removed by the finger. After thoroughly washing out with an antiseptic the cavity was packed with iodoform gauze, which is especially valuable in these cases owing to its destructive influence upon the tubercle bacillus, and an antiseptic dressing applied.

At a clinic at the University Hospital, Dr. Pepper took for his subject a case of disease of the liver with the following history: Patient, a man, aged 40. During his entire life has had some intestinal catarrh, a weak stomach and colicky pains from time to time. His bowels have been habitually constipated. For twenty years past he has been taking purging doses to secure a movement of his dowels. Latterly, after a period of constipation lasting three or four days, he has had attacks of diarrhea to the amount of four or five movements each day. He has suffered intense pain at times which has been most marked in epigastric region about one inch above the umbilicus. These pains were colicky and disappeared abruptly. The longest attack he ever had lasted about three hours. Following these attacks his bowels were always loose, yellowish in color and of water consistence, the urine dark in color. Careful search for gall stones has been made after a number of these attacks but always with negative results. He is troubled greatly with flatulency, his stomach being greatly distended at times. In addition to being very yellow the patient is anemic there being but 3,000,000 red corpuscles to the cubic millimeter and 54% of hemoglobin. Patient has lost twenty-five pounds in weight in past few years.

These symptoms must be due to catarrhal thickening of the mucous membrane of the common bile duct, to gall stones, or to some sort of tumor. In carcinoma of liver, gall ducts or head of pancreas we have a history of a slow, insidious failure of health, loss of flesh and strength but no sudden spells of pain—the pain is more constant—jaundice follows these symptoms. In intestinal catarrh, in severe cases, there is extensive inflammatory thickening of the inner coat. If the duodenal mucous membrane is involved the mucous membrane of the common duct is apt to become involved by extension of the inflammatory process thickening sufficiently to destroy the lumen of the duct thereby giving rise to obstructive jaundice. This condition is apt to be accompanied by pain which greatly simulates that of gall stones. It is always safe to assume that gall stones are present and treat the case accordingly.

The stools should always be very carefully searched for stones as their presence makes the diagnosis positive. On the other hand failure to recover them in the stools does not exclude gall stones. In neoplasms

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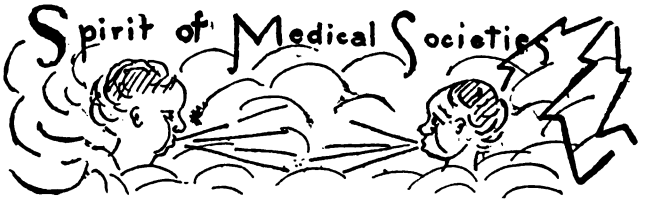
about the liver fever is absent while in catarrhal jaundice it is often and in cholelithiasis always present. In the latter it is at times very high. Catarrhal jaundice of long standing causes biliary cirrhosis. Physical examination: The gall bladder is not distinct. The entire liver is enlarged. The right and left lobes are a full hand breadth below the edge of the ribs, and the left extends to the splenic region. The surface is smooth and the organ hard.

The prognosis is not hopeless and must not be too favorable. The patient must be advised of the necessity of a long course of treatment.

Inasmuch as there exists a possibility of gall stones the patient will receive a half pint of olive oil daily. This acts by distending the duodenum and bile ducts and by lubricating the mucous membranes. Concretions of saponified oil are present in the stools after the administration of olive oil and are often mistaken for gall stones. They are softer, have no smooth facets, and are chemically different. The further treatment will consist in the application of a blister to the hypochondriac region once in ten days, internal use of mercury, Carlsbad water or Carlsbad salts ʒss to one-half glass of water to obtain free bowel movements. Nitrate of silver after meals and potassium iodide on an empty stomach. No acids, sweets, or any indigestible foods of any kind will be allowed. Fish, soft boiled eggs, white meats, stewed fruits and plenty of salt will be allowed. Two to three drops of a saturated solution of potassium iodide will be given and increased to five or ten. A careful comparative record of the patient's condition will be made from day to day. He must be confined to bed for not less than ninety days and it is sometimes necessary to detain them as long as nine months. By warm applications relaxation can be aided.

Dr. Pepper referred to a case of cirrhosis of the liver which was twice tapped for ascites with the removal of two or three gallons at each tapping which recovered after being confined to bed for one year. This cirrhosis goes on to induration as well as alcoholic cirrhosis if it is not checked.

**Overstrain of the Heart.**—According to Dr. Samuel Bell (*Med. Age*) the effect of overstrain of the heart is seen in two ways, as stated before. First, by an overwhelming distension, causing immediate faintness, or complete paralysis and death; or the dilatation may go on more slowly, from lighter daily strain, and with no less immediate danger. When the shock does not terminate in the death of the indivrdual at once, but only in syncope—in respect to which it may be said that it is about the only instance where this becomes a man's friend, as it is a notice of danger—the normal irritability of the heart is in a great measure lost. The cardiac muscles are in the condition of any others of the body in which the fibrils have been stretched unduly and separated.




**An Esophageal Feat.**—The benefits attending the use of artificial teeth from a cosmetic and a digestive point of view are not quite free from risks of a very tangible sort. It is quite a common occurrence for the plates cum teeth to become dislodged and find their way into the air or food passages, with the production of serious discomfort, where, indeed, life itself is not menaced. A very striking case of the kind was brought before his brother laryngologists by Mr. Lennox Browne, recently (*Hosp. Gaz.*). A man employed at the Woolwich Aarenal one day felt his plate of teeth drop into the throat, and before he could intervene, the constrictors had seized it. It stuck half-way down, and as the Arsenal doctor failed to move it he was sent to St. Bartholomew's Hospital, where further attempts were made under chloroform. Not being able to "march it up," the surgeon "marched it down" (as he thought), and discharged the patient with instructions to inspect his motions. This the unfortunate fellow did with patience and assiduity for over three years without recovering the treasure. The symptoms immediately after the accident were loss of voice, dysphagia, and a distinct feeling of "something sticking in the throat." By-and-by a cough set in with the expectoration of fetid pus. Ultimately the increasing difficulty of swallowing induced him, as a last resort, to go to the Central Throat Hospital, where, on careful examination by the esophageal sound, they found that the foreign body was still firmly impacted in the esophagus about two inches below the level of the cricoid cartilage. To withdraw it was, of course, an undertaking of some considerable difficulty, but this was ultimately accomplished and a portion which had been broken off in the process of extraction was fished up by means of the horsehair probang. Very little hemorrhage followed, and the local symptoms promptly disappeared, the patient being enabled to leave the hospital in a week quite well.

**Pyosalpinx Drained Through the Uterus.**—At a meeting of the New York Obstetrical Society Dr. A. H. Goelet reported the following case (*N. Y. Jour. Gyn. and Obst.*):

Mrs. G., age twenty-six years, married seven years, puberty at fourteen, consulted me first in June 1889. Ten months after marriage she had a miscarriage and about a year later she had an attack of pelvic inflammation which confined her to bed for eight weeks. Since then she has noticed a profuse and disagreeable leucorrhea for a week after menstruation which continued at times during the whole inter-menstrual period. She suffered constant dragging pain when on her feet and complained

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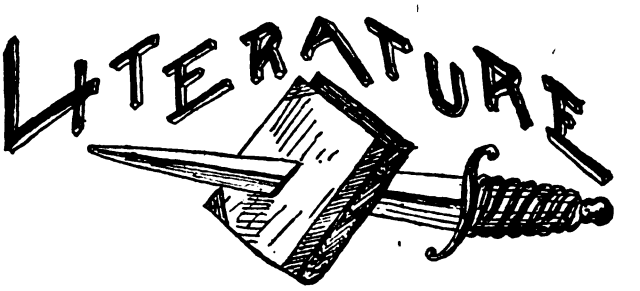
of inability to walk any distance. Examination revealed partial fixation of the uterus which was low in the pel vis, a mass to the left about the size of an ounce bottle. This proved to be a pyosalpinx surrounded by exudation and adhesions. In addition there was endometritis and erosion of the cervix.

Shortly after beginning treatment, which consisted of negative vagino-abdominal galvanism followed by vaginal bipolar faradization (current of tension) and an occasional negative application to the uterine canal to favor drainage, the mass became perceptibly softer and several times the application was followed by a discharge of pus from the uterus, showing that the tube partially emptied itself into the uterus. The treat ment extended over a period of six months and resulted in complete relief of the symptoms, a cure of the endometritis, cessation of the discharge, and disappear ance of the mass, nothing remaining except some thickening in the region of the left broad ligament. Comparative mobility of the uterus was secured, and the patient was perfectly comfortable. She was seen a year later and was still enjoying excellent health.

**Impetiginous Stomatitis.**—At a meeting of the Hospital Medical Society of Paris (*Annals of Gyn. and Ped.*) Drs. A. Sevestre and P. Gaston read a paper on this interesting subject. So far it has only been observed in children as a complicatinn or sequela of measles.

The resemblance to diphtheria was spoken of as a striking feature. The affected parts are swollen and covered with a tenaceous exudation, on the buccal surface of the cheeks, the lips, the palate and tongue. The adjacent tissues were encrusted and fissured. Microscopically, the staphylococcus aureus was found in large numbers.

**Puerperal Fever.**—According to the New York correspondent of the *Southern Medical Record*, Dr. W. Gill Wylie, in a recent lecture on puerperal fever at the N. Y. Polyclinic, made use of the following language: I believe now, and I say it with perfect sincerity, that nine cases out of ten of puerperal fever that I am called upon to treat, in from twelve to twenty-four hours after the onset of the attack, I will cure by simply regulating the bowels and washing out the uterus systematically and thoroughly at frequent intervals. If you follow the instructions of the text books, you will find that they advise the washing to be done but once in eight hours. I have proved to my own satisfaction the fallacy of this advice. The germs are not destroyed by the first or the second washing and they develope anew in eight hours. If I am called to a case of puerperal fever, and within six hours or so after frequent washing out the uterus the temperature does not fall to normal, I make up my mind that the poison has entered the tissue of the patient and I at once proceed to open the belly. I generally find there an abscess present.




## Annual of Universal Medical Sciences.

A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Edited by CHARLES E. SAJOUS, M.D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo Lithographs, Engravings and Maps. Five large octavo volumes. [Philadelphia and London: The F. A. Davis Company. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, cloth, $15 00; half morocco, $20.00.

The "Annual" has made its fifth appearance and one vast improvement must be noted first of all—it has appeared earlier, by some months, this year than upon any previous occasion. Most of our readers are no doubt acquainted with this admirable as well as collosal annual work of medical reference. It is not a mere catalogue of articles or perfunctery condensations, but it represents the mature reports of experts upon their particular branches written in a manner both entertaining and instructive. We make these statements for the benefit of those who are not the fortunate possessors of former issues and cannot too forcibly urge them to take the work now. Once taken they will never be without succeeding issues. Many, to our knowledge, have been deterred from purchasing this condensed annual medical library under the mistaken idea that it was only useful to medical writers; when, in point of fact, its greatest value is without doubt most fully appreciated by the general practitioner of medicine.

The vastness of the work necessitated for the intelligent compilation of this thesaurus of medicine may be faintly imagined when we state that 2,166 medical journals and reports have been laid under contribution the number of separate copies thus consulted amounting to over 100,000. With such a mass of matter to cull from it requires fine powers of discrimination and rare tact; and, in addition, the labor of editing this stupendous mass of material becomes herculean. Dr. Sajous certainly deserves all the credit and honor that the profession can bestow upon him for his efforts and Mr. Davis, the publisher, is no less deserving of praise and financial support for his enterprise and generosity in placing such valuable material within the reach of the profession.

There are no "improvements" in this issue and we scarcely wonder at this when we consider the degree of perfection to which the last issue was brought. As the editor very aptly puts it there are none announced this year "because the fountain of useful suggestions has apparently become exhausted." Yet, we have been able to note some in the present series. The material.

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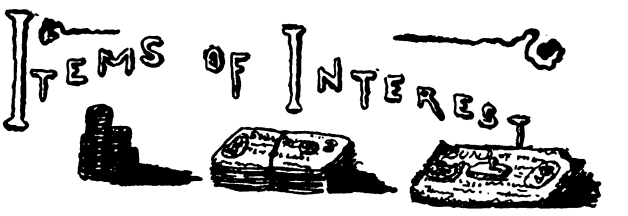
has been arranged in a better manner, it has been written up in a more finished manner and the entire contents appear to have a more rounded and polished appearance. Another feature which is more pronounced than heretofore is the preponderance of critical material as well as the greater amount of original matter furnished by the collaborators.

Among some of the changes to be noted is the addition of a section devoted to intubation which is edited by Dr. Joseph O'Dwyer who has done so much work in this special method of treatment. Hydrotherapy has been added to the department of climatology and balneology and is presided over by Dr. Simon Baruch, an acknowledged authority on these subjects. Whilst these changes have been made for the betterment of the Annual some more extended improvements are contemplated by the editor. There is one feature upon which he cannot improve and which we would not like to see changed in any such attempt. It is the merited prominence which has been given to American medical literature and medical men. The Annual, more than any other single publication perhaps, has made Europeans acquainted with American medicine and with what it is accomplishing. It is on this account that we earnestly hope that this good work will be continued.

To come back to the Annual. We desire to call attention to some features for the benefit of those who are unacquainted with it, and who need only see it to become attached to it. There are in all 68 sections each one dealing with a separate department of medicine. This shows the thoroughness of the division of labor and is an indication of the pains taken to make each one as perfect and complete as is possible. No expense has been spared in the matter of illustrations in consequence of which the work is profusely illustrated with wood engravings, lithographs, and colored plates which are all executed in a manner that is irreproachable.

The index continues to be a feature. Dr. D. Braden Kyle and Miss N. I. McCarthy have undertaken it this year and have acquitted themselves of the task in a most creditable manner. The completeness of this indispensable adjunct to a work of reference may be judged from the fact that it occupies 77 pages of fine print and is presented in three parallel columns under the following heads—general index, therapeusis, and authors quoted. In addition to this there is in each volume a general index of its contents, and a reference list of the journals, books, theses, monographs, etc., which are quoted.

The type employed is large and clear and the work is free from errors. Prescriptions have been most carefully attended to. The binding is handsome, even luxurious. In fact, every one from the editor to the printer seems to have put forth his best efforts to produce the best; and, in our opinion, they have admirably succeeded. We cannot close this notice more appropriately than by reiterating the counsel to all of our readers, who do not possess this work, to buy it immediately and they will never regret having made the investment, but will probably feel chagrined at not having purchased previous issues when they see the treat they have missed in former years.




**Dr. L. B. Massey,** an old and prominent physician of Sandusky, O., died in Chicago recently.

**The Death of Dr. Julian Gonzalez** was announced last month. Dr. Gonzalez was the pioneer homeopathic physician of Mexico.

**A Post-Graduate Hospital and College** has been organized at Albany, N. Y. It is to be called the Sydenham Post-Graduate Course and Hospital.

**The Northwestern Medical Journal** has changed hands and is now in the hands of a company. It will remain under the same editorial management.

**Mineapolis** is to have a new hospital. The Methodists have secured the old medical college building which they intend to convert into a full fledged hospital.

**The American Therapist** is a new monthly whose initial number is dated July, 1892. It is a large octavo of twenty pages edited by Dr. John Aulde, and published in New York.

**A National Law** to regulate the practice of medicine is being advocated. This would abolish State examining boards and give a competent physician the right to practice in any State.

**Yale College** will next fall open its doors to students regardless of sex; its object being to admit graduates of "female colleges" and give them as good opportunities as could be found in Europe. This is the first of our great universities to make this change.

**The University of Sienna,** by eighteen votes of its Senatus Academicus out of twenty one, has just elected Professor Domenico Barduzzi as its rector. Dr. Barduzzi is one of the most distinguished among its clinical staff and takes an effective part in promoting the balneological resources of Italy.

**The Cow and the Countess.**—The late Sir James Simpson, when giving evidence in a celebrated case in which the possible duration of utero-gestation was in question, quoted an authentic instance of its unusual prolongation in a cow, and was at once caught up by the cross-examining counsel with a "Tut! tut! Professor Simpson, what has a cow got to do with this case?" To which Professor Simpson replied, with one of his blandest smiles, "A cow, sir, is just as good as a countess for my present purpose."

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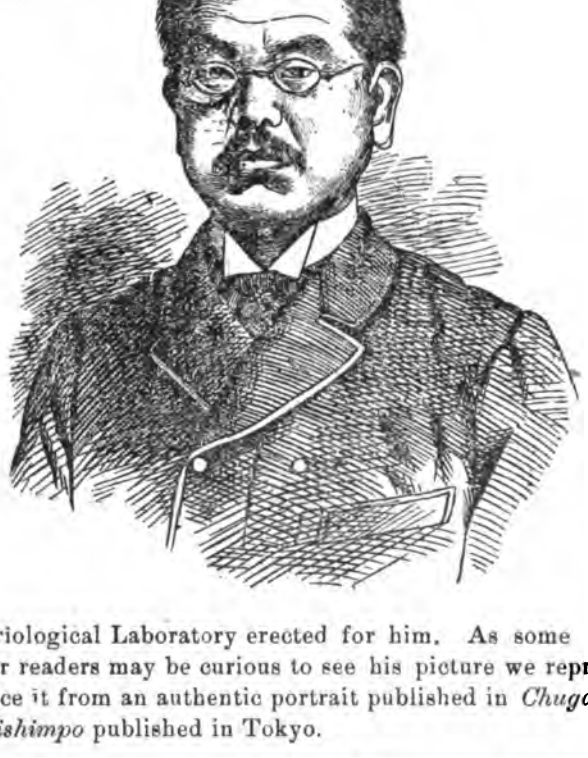
**The Chair of General Clinical Medicine** in the Instituto di Studi Superiori at Florence, left vacant by the death of Professor Federici, has by the unanimous vote of the Medico-Chirurgical Faculty of the Institute, been offered to Professor Grocco, of Pisa, a clinical teacher and consultant of high reputation in the latter seat of learning.

**Dr. Shibasaburo Kitasato,** who is generally known by his last name, has been for a number of years one of the distinguished assistants of Koch. He has returned to Tokio to take charge of the Imperial Bac-



teriological Laboratory erected for him. As some of our readers may be curious to see his picture we reproduce it from an authentic portrait published in *Chugai-Ijishimpo* published in Tokyo.

**The Surgeon General of Illinois.**—We hear and read much in these degenerate days, (*Jour. Amer. Med. Ass'n*) of the improvement and purification of the Public Service, but it has been reserved for the present Governor of Illinois to show the estimate placed upon professional ability and experience by a thorough going politician. The telegraph informs us that a young graduate of the Hahnemann class of 1887 has been appointed Surgeon General by his Excellency, Governor Fifer, to fill the vacancy caused by the death of General Matthews. The action of the Governor in selecting this inexperienced young person for so important a position is inexplicable on ordinary grounds, but in common with many others, we are of the opinion that the Governor's sincere desire to secure the "finest military medical talent" in the State for Surgeon General, will receive at the polls in November that rebuke at the hands of the profession, which such misdirected action fully warrants.

**International Congress of Experimental Psychology.**—The second session of the above named Congress will be held in London, Monday August 1, 1892, and the three following days, under the presidency of Professor H. Sidgwick.

**The Cartwright Prize.**—The Alumni Association of the College of Physicians and Surgeons of New York offer a Cartwright Prize of $400, to be awarded in June, 1893. This prize is open to universal competition, and essayists may select any subject connected with the science of medicine. Original investigation are, however, demanded of the competitors.

**The Manufacture of Tuberculin.**—Since July 1, the manufacture of tuberculin has passed into the hands of Meister, Lucius and Bruning, near Frankfort, and Dr. Libbertz has gone there to continue his supervision. Treatment by tuberculin is steadily continued at the Institute in Berlin. A modification has been used in some cases and its result compared with those of the old preparation.

**The Prevention of Tuberculosis.**—The Prussian Bureau for medical matters proposes to replace the water in the spittoons of phthisical patients by wood shavings moistened with water to which chloride of calcium and chloride of soda have been added. This will obviate all danger of freezing, of evaporation or spilling, and there need be no fear that domestic animals will use the spittoon as drinking vessels.

**The Report** of the Royal Society's Committee on Color Vision has just appeared (*Ther. Gaz.*), and is most elaborately and carefully arranged. Dealing with the question of tests for color-blindness, they are still of opinion that none of the simple tests is more efficient than the wool-test of Holmgren. The standard test-colors must, however, be of a proper character both as to tint and as to dilution with white. The sufficiency and variety of the "confusion colors" must also be secured. To fulfill all these ends, they strongly recommend that standard, patterns be kept by some central authority, by whom also every set of test-wools used for official purposes should be examined.

**The Italian Society of Laryngology,** Otology and Rhinology will meet for the first time in Rome toward the end of October next. Among the agenda the following may be noted:

1. Report by Professor F. Massai, of Naples, on the Phases, Nature and Therapeutics of Laryngeal "Papillomi."

2. The Diagnostic Value of the Perception of Sounds "per la Via Craniense ed Aerea" (cranial and respiratory) in Maladies of the Ear. Reported by Dr. Corrado Corradi, of Verona.

3. Diagnosis and Treatment of Affections of the Sinuses annexed to the Nasal Cavities. Dr. Giuseppe Strazza, of Genoa, reporter.

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**Remedy for Sea-Sicknes.**—Still another has been added to the long list of remedies for sea sickness. And this, like all the others, is said to be positively efficacious. It consists in the application to the spine of a rubber bag filled with ice or ice-cold water. It is claimed that within a short time after the application the nausea and vomiting cease, and the victim of *mal de mer* falls asleep; moreover, that he does not suffer from chillness or other disagreeable sensations.

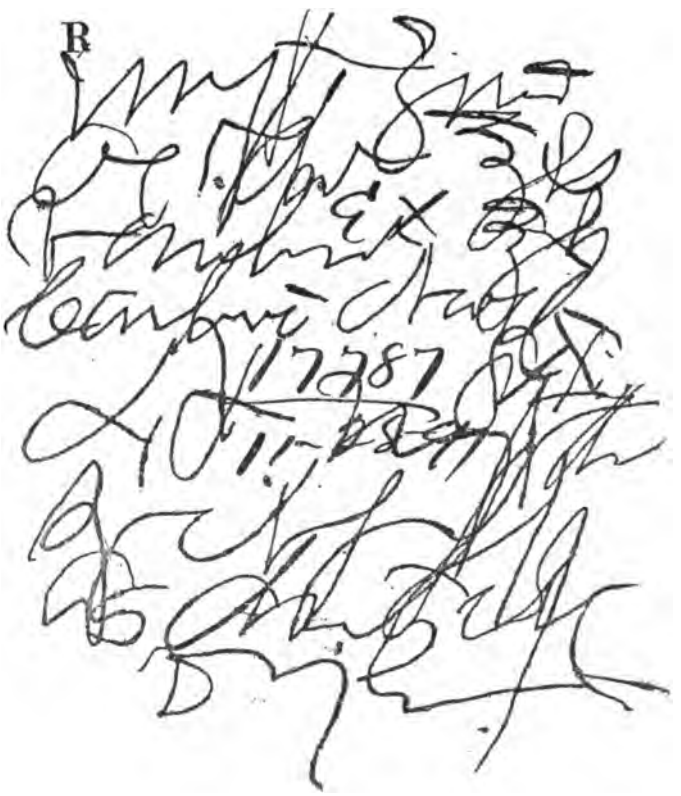
**The Red Cross Insignia.**—The Committee on Foreign Affairs have reported to Congress the bill to protect the insignia and name of the Red Cross. The bill incorporates the American National Association of the Red Cross, and describes the badge as a Greek red cross on a white ground. It is provided that it shall be unlawful for any person within the jurisdiction of the United States to use the symbol of the Red Cross as a trade-mark or otherwise, and imposes penalties for violation of the law.

**The Laying of the Corner Stone** of the new building of the Southern Medical College took place with imposing ceremonies on June 28. Dr. T. S. Powell, President of the Board of Trustees, and Founder of the College, was the orator of the occasion. The new building will be ready for occupancy at the usual time for opening in October. It will accommodate over three hundred students in the amphitheatre, when it shall have been completed. The Southern Medical College is to be immediately in front of the Grady Hospital, and will derive great clinical advantage therefrom.

**The "Gold-Cure"** for the treatment of inebriety does not appear to make much headway in England, and, says the correspondent of an English medical journal, I am pleased to see that medical men generally will have nothing to do with it on the ground that it is a secret remedy. At a meeting of the members for the Study of Inebriety, held on Tuesday evening last, Dr. Norman Kerr stated than an eminent English analyst had examined this "gold cure," which was found to consist of water, 61.31 per cent.; sugar, 6.00; mineral salts, principally lime, probably from herbs; and 27.55 per cent of pure alcohol! The decoction was described as "double chloride of gold cure," and was dispensed in two bottles costing together 9 dols. It contained neither gold nor chlorides. Dr. J. E. Usher, of Melbourne, Australia, said he had visited Dr. Keeley's institution for the reception of patients at Dwight, Ill., and expressed the opinion that the alleged "cure" is no cure at all, and is calculated to do more harm than good. Financially, however, the thing was apparently a success. After discussion a resolution was passed to the effect that any so-called "cures" for inebriety, the composition of which is not disclosed, are unfit to be commended by honorable members of the medical profession.

**Obstruction of the Liver** is an expression which is not so common as an explanatory means since "malaria" has come in. Arnauld de Villeneuve, the physician of Philippe le Bel (14th century) thus taught his pupils. Suppose that you understand nothing of your patient's disease, tell him with assurance that he has an obstruction of the liver. If he answers that it is his head or any other part which pains, state with confidence that the pain arises from his liver. Be careful to use the term obstruction, because patients are ignorant of what it means, and it is important that they should ignore it.

**A Poser.**—The following has been sent to *Meyer Bro's Druggist* for interpretation. It is a good exemplification of a variety to which we alluded in a former number of the REVIEW.



**International Congress of Physiologists.**—The second International Congress of Physiologists will be held at Liege (Belgium) from the 29th to the 31st of August. An exhibition of physiological apparatus will be arranged. Those taking part in the Congress, the directors of physiological laboratories and makers of instruments, recommended by members of the Congress, will be at liberty to exhibit. The exhibition will be opened two days before the commencement of the Congress and be closed two days after its conclusion. Professor Fredericq, director of the Physiological Institute of the University of Liege, has kindly offered to place his institute at the service of members desiring to give demonstrations, or to show scientific apparatus.

**The Library** of the American Medical Association is to be moved to Chicago and placed in charge of the Newbefry Library.

**New East Indian Medical Journal.**—The *Medical Reporter*, edited by Dr. Lawrence Fernandez, and published in Calcutta, is a new monthly journal of general medicine.

**French Medical Students** are now forced to serve one year in the army. This is considered unjust as the year of military service frequently interrupts their medical studies. A proposition recently made by a newspaper is to the effect that as soon as he graduates the physician be attached to the medical staff for one year.

**American Doctors in England.**—According to the London correspondent of the New York *Times*, who writes as follows in a recent letter: "It may be convenient for American doctors to know that in this free country an American diploma of medicine does not entitle its possessor to call himself M.D. If he does he may be prosecuted. A doctor has actually been prosecuted for this offense and convicted, and upon the application to quash the conviction the Lord Chief Justice of England expressed the opinion that within the meaning of the law of England our countryman had falsely pretended to be a doctor of medicine, having, only an American degree, said Lord Coleridge. His appeal was dismissed, and he will now have the pleasure of paying into the treasury of the Queen the sum of one hundred dollars for using in England a title to which in America he has a legal right."

**Pan-American Medical Congress.**—Dr. Wm. F. Hutchinson, Assistant Secretary-General, has recently issued the following circular:

OFFICERS OF THE PAN-AMERICAN MEDICAL CONGRESS FOR THE COLONY OF JAMAICA.—I have just received from Jamaica the complete list of official members of the Congress from that important Colony, which I send you for publication:

Vice-President—Hon. James Cecil Phillippo.

Member Foreign Auxiliary Committee—Dr. G. F. A. DaCosta.

Secretary for Section of Gynecology and Abdominal Surgery—Dr. A. B. Saunders.

Secretary for Section of Dermatology and Syphilography—Dr. W. H. Strachan.

Secretary for Section of Mental Diseases—Dr. J. W. Plaxton.

Secretary for Section of Hygiene and Demography—Dr. J. W. Clark.

A paper is promised, of the utmost importance, upon "Tropical Hygiene and Demography," by the Vice-President for Jamaica, the Hon. James Cecil Phillippo, and from the vast experience and high standing of the writer, I am confident that it will be excellent.

**A Case of Cholera** has been reported in Michigan recently. James Cockburn died in Saginaw from Asiatic cholera. Before he died his body turned purple. Cockburn came from Scotland about five weeks ago. The body was at once buried privately, and all the clothing of Cockburn, his daughter and son was disinfected.

**Dr. Reuben M. Searcy,** of Birmingham, Ala. a prominent young physician, committed suicide by blowing out his brains with a pistol. He was a member of one of the leading families of the State. He recently held a professorship in the University of Virginia. The only reason known for his suicide is stated in the following note, which was found near his dead body: "When a man suffers from melancholy, as I do, life becomes a burden and it is time for him to go. R. M. Searcy, Tuscaloosa, July 18." His mental depression is supposed to have been caused by overstudy.

**Crumbs.**—The following is from the St. Joseph *Medical Herald*: The average length of human life, usually called a generation, is said to be getting longer. The present lives longer than the preceding generation, and it may be expected that the next will be in advance of this. Some force is operating to effect this. This fact is incredible if much that we hear of some things be true. It seems almost a miracle that we live at all in the presence of enemies which come in armies against us from every point of the compass, and every form and kind of ambush. If we are to believe the stories that are told of these enemies, life would be made miserable by fear, and this constant dread would make it short. We breathe them, drink them, and eat them. If we could see them as we can the eels in vinegar, we should be afraid to breathe, drink, or eat. We want our vinegar filtered, not that we fear what these eels may do us, but simply because we do not fancy such a snake-like diet. Moreover, these enemies become entangled in the hair on our heads and faces, and hence it is advised that men should shave the face. It is not advised in respect to the hair of the head, for that would make us all, men, women and children, bald-heads. Nor has it been advised as respects clothing, for none of us have the innocence of Eden. But the veto has reached our pets. It is estimated that more disease-germs invade our homes hidden away in the hirsute covering of our dogs than in any other one way. If by dogs, then by cats, and fine stock of every kind, whose coats are kept sleek by grooming. Yet, strange to say, that stables are not particularly unhealthy places. The grooming of horses does not kill one where grinding saws kills thousands; yet in the former case disease-germs are abundant, and in the latter, not one can be found. Whence comes tuberculosis in saw grinders? There is a "screw loose somewhere," either in the savant's head or his "facts." We take the side of the "head;" we never jostle against facts. We respect the integrity of our own head for that.

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**The Compensation** for a post-mortem examination in France, according to a recent writer in *La France Medicale*, is 3 francs (about 50 cents).

**Russian Medical Journals** are nearly all published in St. Petersburg. In 1875 there were 8 and in 1892, 33. As to monographs, 34 appeared in 1877 and 324 in 1892.

**Small-Pox** in a Block Island, R. I., hotel has caused a hegira of guests from the island. In some hotels there are hardly any guests remaining, and it is believed that in a few days all will be practically deserted.

**The Epidemic of Cholerine** at Paris has been demonstrated to be due to the ingestion of the water of the Seine. It has been recommended to boil the water until spring water can be distributed in sufficient quantity to meet all demands.

**Queen's University, Toronto.**—It is said that the staff in the new Medical Faculty of Queen's University, which has absorbed the Royal College of Physicians and Surgeons of Kingston, will be as follows: Medicine, Drs. Fowler (dean), Henderson, and Herald; surgery, Drs. Sullivan and T. Dupuis; anatomy, Drs. Garrett, Mundell, and Ryan; obstetrics, Dr. K. N. Kenwick; pathology, Dr. Anglin; otology, laryngology, etc., Dr. Connell; biology and physiology, Dr. Knight and Dr. Cunningham; chemistry, Prof. Goodwin and Nicol.

**Women Physicians.**—Dr. S. Weir Mitchell, in his recent novel, Characteristics, makes the following remarks on the question of women physicians (*N. Y. Med. Jour.*): "I did not believe it was best, either for the sick or for society, for women to be doctors; that, personally, women lose something of the natural charm of their sex in giving themselves either to this or to the other avocations until now in sole possession of man." Women doctors "fail to realize what they have lost. The man who is sentitive to womanly ways sees it. It it worse than nursing the sick, for even nursing makes some women hard."

**The Michigan State Board of Health** recently held a meeting relative to the reported presence of cholera in foreign countries, and the possibility of its being brought to this country, Dr. Baker remarked that it would be a particularly unfortunate time if cholera should soon reach Chicago or Detroit, because it tends to spread in much the same ways as typhoid fever, only with much greater rapidity, and typhoid fever is unusually prevalent in Chicago, and appears to have been increasing lately in Detroit. If cholera should gain entrance to either city, so many of our people visit those cities that we might soon find cholera spread in many places throughout Michigan. The office is prepared to issue circulars, already printed, advising local health officers just how to restrict cholera.

**Beaumont Hospital Medical College Faculty.**—Several changes and additions have been made in the faculty of the Beaumont Hospital Medical College, of St. Louis, for the ensuing session. Among the new professors will be Dr. L. T. Riesmeyer, as professor of histology, pathological anatomy and bacteriology; Dr. J. Friedman, formerly of the St. Louis Medical College, as professor of chemistry and toxicology, and Dr. Robert M. Funkhouser, professor of physiology.

**Paris as a Medical Center.**—The Paris correspondent of the New York *Medical Journal* says that Paris, though of all European cities the most favored by American tourists, seems to find but little favor in the eyes of students of medicine, who now flock to the Austrian and German seats of learning in preference, and in so doing make a mistake which is greatly to be regretted, for there is no other city in which one acquainted with the language feels himself so much at home; and there is no place that presents so many attractions as Paris does, and these, from a medical standpoint, are various and vast. The advantages to be derived from a prolonged stay here can not be overestimated, and study is facilitated by the enormous material at hand. The clinics are large and numerous, the hospitals are capacious and well managed, the laboratories are well equipped, and, above all, the medical men are most learned and most masters of their profession. With these *aristoi* of medical advantages, it will be seen that one can go farther and fare worse, but that improvement is not feasible.

**Modern Scientific Language.**—The march of medicine has been so rapid in late years, says *la Revue des Sciences Medicales*, that a physician who has not read during the past ten years could not even understand what is written, such as the following examples:

Cytodieresis is effected in epithelial tumors, either by direct division, or by karyokinesis and the process does not materially differ from the type which is common to all cells. There are observed, in direct cell-division, the chromatic elements, the achromatic filaments, and the polar corpuscles with their centrosomata. Whereas in normal epithelial coverings, the orientation of cytodieresis remains constant, the plan of cellular division being generally parallel to the generative layer; in malignant epithelial tumors, on the contrary, the orientation of cytodieresis is always more or less modified.

Again: Asymmetrical mitoses have been observed in carcinoma. By fixing the elements with the aid of Flemming's solution, and staining with the aniline-safranine solution, Kruse has found hypochromatic mitoses existing in the same preparation with hyperchromatic mitoses; nuclear fasciculi with aberrant chromosomata, and multipolar hyperchomatic and hypochromatic mitoses.

And, after this, some say that a knowledge of Greek is unnecessary to the progressive and scientific physician!

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**A Lyons Newspaper** not long since reported an accident sustained by a mason, describing it as a "frac ture above the head."

**Owing** to the decision of the Iowa State Medical Society not to journalize its transactions this year, its journal, the *Vis Medicatrix*, has been discontinued.

**Tubercle Bacilli in Semen.**—Foa, an Italian observer, reports a discovery in a case of disseminated tuberculosis, of tubercle bacilli in semen obtained from the vesiculæ seminales.

**The American Public Health Association** has issued the preliminary announcement of its twentieth annual meeting to be held at the City of Mexico Nov. 29, 30, and Dec. 1, 1892.

**The British Medical Association** is among the large representative medical bodies which are di vided up into sections. A strange feature connected with this is the absence of a section on dermatology and syphilis.

**The Eminent Alienist,** Dr. Snell, director of the Hildesheim Asylum, near Hanover, died on the 12th ult., aged seventy-four. He was the first in Germany to use agriculture as an element in the treatment of insanity. He is succeeded by his assistant, Dr. Gerstenberg.

**The Medical Profession** all over the world will learn with profound regret that Prof. R. Koch, of Berlin, whose researches have so greatly advanced our knowledge of disease, has of late been incapacitated from work and that there is grave reason to fear that the condition of his health is such as to preclude the resump tion of his duties for some time at least.

**Couldn't Define the Sex.**—The State Board of Medical Examiners at Nashville recently examined a prisoner, with a view of determining which ward to assign the would-be "female," who was clad in male attire. Not being able to report, after a close examination, the board recommended that the Governor pardon the prisoner, on the ground that "it" could not assigned to either the male or female ward with propriety. The pardon was promptly granted.

**A Hard Dose.**—The following drastic is administered to an esteemed contemporary by our Louisville friend, *Medical Progress:*

Those of our readers who are unfortunately affected with insomnia are recommended to procure and begin reading a copy of the *National Medical Review*. Several of the exchange fiends of the *Medical Progress* and other persons who have been afflicted with this troublesome ailment have found it the long-looked for remedy.

It seems impossible, as we know from experience, to stay awake while it is in one's hands.

**The Paris Municipal Council** has decided to appoint a Commission to inquire into the practical methods of combating purulent ophthalmia.

**A Proposal** is now before the Municipal Council to change the name of the Lourcine (Female Lock) Hospital to the Hopital Broca. The object of the proposed change is apparently not so much to do honor to the memory of a distinguished man, as for the sake of certain supposed "moral advantages," to hide the nature and purpose of the institution under the shadow of an illustrious name.

**Professor Biermer,** till lately director of the Medical Clinic in Berlin, died the other day at Schoneberg, near Berlin. He wrote on sputum, leucocythemia, the anatomy of bronchiectasis, pneumothorax, the diseases of the bronchi and of the parenchyma of the lungs, asthma bronchiale, typhus abdominalis, the causes of epidemics, especially cholera, metallic tinkling etc. He taught at Wurzburg, Berne, Zurich and Breslau. His successor in Breslau is Professor Kast, formerly of Hamburg.

**A Fraud!**—Look out for him! A fellow styling himself S. Drake Marshall is working the doctors of Cincinnati (*Lancet-Clinic*). He represents himself to be an agent for R. S. Peale, the Chicago publisher, but has no such connection.

We are informed by R. S. Peale that he will consider it a great favor if some physician will have the scamp arrested and notify him by telegraph. Mr. Peale's address is 321 Wabash Ave., Chicago.

The man is described as being about five feet nine inches in height, 160 pounds in weight, red mustache, sandy hair, and pleasant address.

**Judge Davis,** in fixing the fine of C. Gee Wo for violating the act regulating the practice of medicine, said (Omaha *Clinic*): "I wish that I could make the fine $5,000 for I believe that you are a plague to the community as a quack doctor. Take the witnesses who were called in your case: They are a sample of the class of people who patronize you, half-witted and simple-minded, with scarcely memory enough to tell what they were troubled with. They are like the people who followed false prophets, believing that there was some miraculous power in their nostrums. We have heard of some of them dying in the hospital for the lack of a little simple surgery by reason of the faith that they had in this juggler in medicine." The court imposed a fine of $300 and costs—the limit—and exacted that C. Gee Wo should enter into a bond of $2,000 to keep the peace and be of good behavior for two years. The case will be taken to the Supreme Court at once. Judgment was suspended for twenty days and the bond fixed at $1,000.

To practice medicine on the part of defendant will break the peace and renders him liable to the forfeiture at any time of the bond.

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**The Hospital Journal**, of Botkin, Russia, is to be edited by Prof. Jul. Tschudowski and Dr. S. W. Possadski.

**A New Hospital** has been built near Miyanoshita, Hakone, Japan, under the name of Hakone Hospital. Dr. J. K. Kimura was appointed consulting physician.

**Small-Pox in Japan.**—From November, 1891, to May, 1892, the total number of small-pox patients in the Empire was 20,866 and of that number 4,125 died.

**Dr. William von Reichard** not long since celebrated his fiftieth year as a practicing physician. He is the oldest practitioner in Riga, and is eighty-two years of age.

**The Trans Caspian Railway**, through its director, has applied to the Dean of the University of Kasan for medical students. They are wanted for the purpose of treating cholera patients and will be paid all expenses and 100 roubles (about $50) a month.

**The Academy of Military Medicine**, of St. Petersburg, has received the resignations of Professors J. P. Mierzejewski (psychiatry), W. M. Tarnowsky (syphilology), and N. W. Scokolow (chemistry). They were the oldest teachers and retired on account of age.

**A League Against Cancer** has been formed in France. Its object is to encourage research and investigations in regard to cancer. M. Verneuil is honorary president, and among the members may be mentioned Straus, Metchnikoff, Reclus, Ricard, Cazin and Masson.

**Bedbugs** have always been looked upon as annoying, but they seem to be a veritable source of danger, if we are to believe Dr. Dewevre. He claims to have observed a case of tuberculosis directly traceable to these little pests, and he confirmed his observation by experimental inoculations and microscopical examinations.

**The University of Dublin** recently celebrated its tercentenary. In honor of the occasion, among other things, the degree of honorary M.D., was conferred upon Count Dr. Carl Theodor, of Munich; Gusserow, of Berlin; John S. Billings, of Washington; Thomas Bryant, Andrew Clarke, Jonathan Hutchinson, and Grainger Stewart, of London.

**Dr. Baelz**, who was one of the professors in the Medical Department of the Japanese University, for many years, left for his native country (Germany) about the middle of this month, as the term of his engagement at the University had expired. He is, however, expecting to come back to Japan to practice, and therefore does not resign his memberseip in the central Sanitary Assemblage of the Home Department.

**Diabetes.**—The following mixture is praised by Vigier:

℞ Lithii carbonat, - - - - ℥ss.
Sodii arseniat, - - - - - gr.j.
Ext. gentianæ, - - - - gr.xv.
M. et. div. in caps. no xx.
Sig. Take one capsule morning and evening.

**Infantile Eczema.**—Saalfeld has used the following ointment in eczema of infants. The crusts on the face and scalp are first removed with some bland oil; then apply:

℞ Pulv. acidi boric., - - gr.xxij.
Pulv. zinci oxidi, - - - gr.lxxv.
Pulv. amyli, - - - - - ℥vij.
Vaselini, - - - - - - ℥j.
M.
Sig. Apply locally.

In addition to this cod liver oil should be given internally.

**Tonic Preparations.**—Regis recommends the following.

R Vin. kola.,
Vin. cinchonæ,
Vin. gentian.,
Vin. colombo, - - - aa ℥j.
Liq. kali arsenit., - - - gtt xx.
Tinct. nucis vomic., - - - gtt x.
M.
Sig. A liqueur glassful twice daily before meals.

For a tonic pill he orders the following:

℞ Ext. cinchonæ,
Ext. kola, - - - aa gr.lxxv.
Ext. rhei, - - - gr.xxxvij.
Ext. nucis vom., - - - gr.vij.
Ferri arseniat., - - - - gr.iij.
Pulv. kola, - - - - - - q.s.
M. ft. pil. No. 100.
Sig. Two pills at each meal.

**Tonic Mixture.**—The following is a liquid tonic used by Fonssagrives:

℞ Ext. cinchonæ, - - - - - ℥ss.
Tinct. nucis vomic., - - - gtt x.
Vini Bordoniensis, - - - ℥v.
Syr. cort. aurant. amar., - - - ℥j.
M.

The dose is presumably a tablespoonful before each meal.

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**There** are men who mistake the publicity of a patent medicine testimonial for fame.

**A Springfield** mother calls her unweaned but teething baby Sarcasm, because he's so biting.

**Mrs.**—I think I have had this winter habit almost long enough. Mr.—Want me to apply the gold cure, eh?

**Druggist.**—There you are, sir. One twenty five. Customer.—Excuse me, but I'm in the trade. Druggist.—Oh, I beg pardon. Ten cents.

**Tommy.**—Paw, w'y do they call taking a man's money from him "bleeding him?" Mr. Figg.—Becauses it robs him of his circulating medium.

**Rimer** (entering the editorial sanctum)—I have written a poem on the grip, sir.

Editor (who is just over a severe attack of the malady)—Well, it deserves it.

**It is Rumored** that Professor Stephens alternates theological and obstetrical questions in the green-room. The appended is a sample of the answers:

Who was Esau?

Esau wrote a book of fables, and sold his copyright for a bottle of potash.

**Sympathetic Visitor.**—I'm sure that a stay at Atlantic City would help you. The ozone's influence is just what you need. Mrs. Nulyritch (peevishly).—That's what my tiresome doctor says. What do I care for the O'Zones and their influence? You ought to remember my intense aversion to the Irish.

**Caller.**—How is Mr. Flexible?

Servant.—A little worse to-day, sir.

Caller.—Can I see him for a few minutes?

Servant.—No, sir. He told me that he wasn't to be disturbed, as he wants to finish an article on "how to get strong" for the magazine.

**"My Good Man,"** said the M.D. to the son of Ham he was attending, "you take this potion this morning, take the pills to-night, and I'll write you a prescription to be taken in the interim."

When the doctor had left, the sick man called to his wife, saying: "Mary Ann, yo' tak dis to the drugis an telm its fo my intrum, an ax im mus I tak it internally o' rub it outwards or whar?"

**In the United States** the highest intellects are not ashamed of a railway career; and to become the president of any of the leading lines is looked upon as the fitting goal of the loftiest ambition (*Railway Press*). In England the usual reward of the railway magnate, after sacrificing his life literally in the service of the people, is generally confined to whatever satisfaction he can extract from the knowledge of having done his duty in the most useful and arduous of all professions.

**The Continental Railway** is the title of an ambitious enterprise which a corporation known as the Atlantic & Pacific Construction company declares its intention to build (*Railway Age*) in order to "shorten the distance from New York to Chicago 200 miles and from Chicago to San Francisco 400 miles." A survey is said to have been completed across Indiana, but as to the general route of this great railway little is made known. It is certainly possible to construct a geographically shorter line between the cities named than now exists, but whether it is possible to offer sufficient inducements to secure the enormous amount of capital which such a work would involve is quite another question. Thus far the scheme is too mysterious to command much confidence.

**Hoosac Tunnel Route.**—Those who travel select their route, and we earnestly commend the Fitchburg Railroad as one of the most attractive. The scenery is one continuous panorama of beauty, especially through the famous Deerfield Valley. Other localities are beautiful in spots, but the charm of this route lies in the fact that there are no long uninteresting stretches of landscape, with only occasional views that are worth seeing, but in every direction the eye is filled with the varied beauty of river, mountain and smiling valleys. For miles the road follows the winding course of the Deerfield River, and on either side of the car there is a constantly shifting scene of dimpling waters girt about with the grandeur of the everlasting hills. We have taken this journey at different seasons of the year—in mid-winter, when the dazzling white of the snow made an artistic contrast with the dark green of the solemn pines; in the heat of mid-summer; and in the glories of autumn—and of all the months in the year September and October, when the trees take on their most gorgeous coloring, are the most favorable for seeing this section of New England at its best. The service, too, on this road is excellent, and the accommodations first-class in every respect. It also possesses the advantage of being the most direct route to or from the West.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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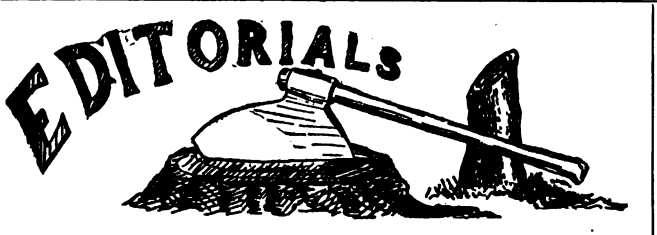


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## An Unjust Law.

No law which is not founded upon justice can hope to earn that respect which should be naturally accorded to it. Not only this but it will be more often observed in the breach than in being complied with. This is most apt to be the case when the law, besides being unjust, is arbitrary and when its non-observance is unaccompanied by any punishment that is deserving of the name. By a strange arrangement of the circumstances of life, there exist many unwritten laws whose observance is much more punctiliously and rigorously observed than those which are written. Again, there are written laws so obviously absurd and so dictatorial in tone, as well as unjust in spirit that rather than invite compliance with their provisions they invite to open opposition. It is an unfortunate fact that such exist in the constitution of the American Medical Association, a body which should be governed by the most liberal and catholic spirit. We intend to refer to one of these laws only to show how narrowminded and unjust, as well as illiberal its framers must have been. This by-law adorns the head of the editorial department of the *Journal of the American Medical Association* in every issue—since the last meeting—and reads as follows:

BY LAW IV OF THE AMERICAN MEDICAL ASSOCIATION.

*The Publication of Papers and Reports.*—No report or other paper shall be entitled to publication in the volume of the year in which it shall be presented to the Association, unless it be placed in the hands of the Board of Trustees on or before the first day of July. It must also be so prepared as to require no material alteration or addition at the hands of its author.

Authors of papers are required to return their proofs within two weeks after their reception; otherwise they will be passed over and omitted from the volume.

Every paper received by this Association and ordered to be published, and all plates or other means of illustration, shall be considered the exclusive property of the Association, and shall be published and sold for the exclusive benefit of the Association.

The Board of Trustees shall have full discretionary power to omit from the published *Transactions*, in part or in whole, any paper that may be referred to it by the Association, or either of the Sections, unless specially instructed to the contrary by vote of the Association.

If we analyze this law critically we can find no fault with the first paragraph unless it be the verbiage, which is faulty in view of the fact that the Association no longer publishes a yearly volume. The rule to have the papers ready for publication on the first of July is certainly a good one as also that embodied in the second paragraph. So far, with a slight alteration in the wording the rule is fair enough and imposes no unjust restrictions.

It is the third and fourth paragraphs with which we have fault to find. In the third it is stated that every paper received by the Association shall be considered its exclusive property. The wildest dreams of Communism never conceived such a total grasping of everything in sight. Thousands there are who glory in the fact that they shed their blood for the emancipation of slaves, to free the bodies of their fellowmen from the chains of bondage. Here we have a few self-styled representatives of a liberal profession who desire to establish an intellectual slavery. There is no light which can be thrown upon the question so as to make it appear that the fruits of a man's brain are not his own. He has

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an inalienable right to these and no set of arbitrary rules or regulations can deprive him of it. Legally such a rule would not hold water. No individual or corporation can claim a vested right in that for which it has not given adequate compensation. In the case of the American Association, it not only gives no compensation, but it requires each member to contribute money, in the shape of dues, in order to secure membership. The absurdity of the claim is further increased when we consider that the American Association not being incorporated has, in point of fact, no right to own any property as an association.

The last clause is so full of "discretion" that it is simply ridiculous. This censorship is simply a farce and to empower any committee to mutilate the paper of a member is low and infâmous. It is bad enough to suppress a man's work, but to garble it is to add insult to injury. A curious condition in connection with this is that one paragraph provides that all papers shall be the property of the Association and the last one gives the Board of Trustees the power to prevent their publication. Ye', no provision is made to return such rejected papers and no order is given to destroy them. What is to be done with them, then? The absurdity of the entire rule as well as its injustice is plainly apparent. Moreover, the last clause speaks of any paper referred by the Association, or "*either* of the Sections," but does not specify what two Sections are meant. We have here as bad English as we have bad legislation. As a matter of fact, the whole rule is nonsense.

We have long since felt like inquiring if the Board of Trustees does receive the papers read in the Sections or if they are simply turned over to the Editor of the *Journal* of the Association? If the Trustees receive the papers do they read them and revise them or pass upon them as a board, or do they simply "dump" the entire lot on the aforesaid editor's desk? If the latter, does the editor omit publishing any papers and if he does, by what authority does he do so? The by-law given is certainly restrictive and unjust to the editor of the *Journal* and, if for no other reason, it should be changed.

That there is something wrong in connection with the publication of papers it cannot be denied. We know of more than one case where a paper, and a good one, was turned over to the proper officer and yet it never appeared in the *Journal*. The very condition of affairs is such that some members must be the ones whose papers are published last and this makes the time intervening between the reading and the official publication almost a year. This is too long a period to expect an author to wait, especially if he has contributed something new and valuable. He is certainly entitled to whatever credit he may obtain through the publication of his paper and to insist upon its exclusive publication in the *Journal* is an invitation to one of two things—the infraction of a rule or the prevention of the presentation of valuable papers.

We do not wish to appear carping. There is no one who wishes the Association more success and prosperity than we do; but this can never be atttained unless a spirit of liberality and fairness pervades every rule and action which governs this representative body. It cannot be detrimental to its interests to exercise a broadness which will ensure freedom to each and every member. The men who assemble annually and who compose the American Medical Association are not schoolboys nor is it necessary to draw up rules for their guidance such as a schoolmaster would for his turbulent scholars. Dignity and liberality must and eventually will pervade the by-laws, or there will be revolution, perhaps, secession. It is to be sincerely hoped that such extreme action will never be taken but that harmony will prevail and that a committee will soon be appointed to give the constitution and by-laws the thorough revision which is so necessary to adapt this instrument to the exigencies of the times, and to the changes which have taken place since it was first adopted.

**A Hopeful View** is that taken by the Fort Wayne *Journal of Medical Sciences* when it says: It is estimated that the medical colleges of this country have graduated over five thousand students this year, and some of the medical men are becoming very much alarmed and fear that there is an "over production," but we should remember that we have over sixty millions of a population, with a constant increase, so that we require a large number of medical men. During the prevailing epidemic the past winter many of the medical men were overworked, and in this city we did not have any more physicians than were needed. Let the medical colleges be careful as to the qualifications of their graduates, but we require a large number to take the places of many thousands who drop out of the profession every year. Some by death, others abandon the profession and engage in other pursuits and in various ways the ranks of the profession are depleted every year. And then, the great increase of population demands more medical men.

Again, the rapid development of the country, with the increase of railroads and manufacturing establishments, greatly increase the accidental work of the surgeon, and many more able men are required to look after the injured.

**Laboratory Therapeutics** are a valuable necessity according to the Maryland *Medical Journal* which states that we can all very well remember the slurs which were far from uncommon, with which the clinicians were wont to treat suggestions as to practical surgery coming from the laboratory, and we hear nowadays not unfrequently the same sort of remark bearing on possible therapeutic suggestions emanating from the same source. Let us remember, however, that, as we must now admit, the laboratory has made modern surgery what it is and has transformed obstetrics, and has practically created modern hygiene, it is quite within the bounds of probability that it may transform thera-

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peutics also. The tuberculin craze did much harm, not on account of the abuse of it by laboratory workers, but because it fell largely into the hands of the public which, like the Areopagites, is so fond of telling and hearing a new thing, and yet the result of the experience is not without valuable gain to the profession. Rational empiricism must in all probability still continue to be our guide in most of our therapeutic work; we must still give opium and its derivatives because we know by experience that it relieves pain; we must still use quinine for malarial diseases on empirical principles although the laboratory has taught us that it is because it exercises a deleterious effect on the plasmodium that it is efficient.

**Laboratory Teaching** is considered of great importance by a correspondent of the *Journal of the American Medical Association*, who states that, admitting that the expense of the laboratory teaching is great, it is no argument against its adoption. Students are willing to pay for what they get. These schools that offered clinical facilities ten years ago secured the large classes and the large fees. These schools that now offer laboratory instruction will secure an increased attendance.

The fact that most of the lectures are given in our medical schools without financial compensation or for a nominal salary makes it possible for many medical schools to hobble along without an income of any size. The adoption of laboratory instruction means the payment of salaries to laboratory instructors. There is a feeling among young medical men that it pays to give a surgical clinic before a class of students but that there is no return for eight or ten hours laboratory work each week before the same class. The writer believes that this is a mistake. It is a fact that laboratory work requires more time and study on the part of the teacher than any other form of teaching. There are very few men in medicine to-day who can properly conduct a laboratory exercise. But for the capable it will pay.

The loose manner in which the business of many of our medical schools has been conducted would be disastrous if they had large laboratories. Like the factory, the laboratory must have an accurate and centralized government, a simple and rapid system of book-keeping and the most conscientious scholastic supervision.

The results, in the productions of scientific medical men, by the introduction of proper methods of medical study, almost any experienced educator would be willing to predict. The quality of medical culture will be increased. The medical schools will attract a larger proportion of college bred men. The lecturers will cease to cram their students with the pap which has so long been doled out to them and the scientific spirit will permeate the post-mortem-room and the clinical amphitheater, and last of all the pages of our medical literature will cease to be disgraced by pages worthy the age of witchcraft.

**The Superiority of Medical over Clerical Missionaries** is established by the *Medical Press* in this manner: Year by year, as the General Assemblies of the Scotch Church meet, the subject of foreign missions is dealt with. Annually, also, the account of the spiritual benefits conferred are calculated to afford amusement to the impartial reader. We are afraid to say how much each convert costs; the annual number rarely exceeds one or two at the different stations. From many of the missions, indeed, those in charge are perforce compelled to tabulate the number of "inquirers," having no real converts to announce. On the other hand, the reports from the medical side of these missions is much better reading. To take the case of the mission carried on by the Church of Scotland in Smyrna. Two Jews were baptized, one of them evidently in the habit of being so converted, during one year, while the doctor attached to the station treated one hundred and twenty-eight patients in the hospital, made eight hundred visits, and altogether, counting his dispensary work, saw about four thousand five hundred cases, most of whom were Jews. As the medical man has to read the New Testament to his in-patients and preach to the out-patients once a week, his office, we imagine, can be no sinecure. In the report it is noted that many of the cases were surgical, requiring operations, and that all those operated on did well. Each convert cost £210, each patient, including those in hospital, 12s. 6d.

**The Ship's Surgeon** is evidently in bad odor with the *Medical Record* which says: We have so often had occasion to speak in terms of rather less than respect of the ship's surgeon, that our readers may be led to believe that our opinion of his ability is not exalted. And our readers would not be far from the truth. It seems, perhaps, a rather small matter, and one that concerns chiefly those whom business or pleasure sends to sea. And so it would be a comparatively small matter if it concerned only steamship passengers, although even then it would be of considerable importance to those passengers whether their lives were in the hands of a competent physician or an ignoramus. But it concerns a much larger number of people than those who cross the Atlantic from or to America, for it is a matter of vital import to every inhabitant of this and neighboring cities, if not of the whole country.

New York is menaced continually by immigrants bringing with them the seeds of disease, and the danger of an imported epidemic is ever present, and can be averted only by the greatest vigilance of the quarantine and city health authorities. It is the duty of quarantine to guard the entrances and keep those ill from contagious diseases from coming to the city; but few can realize the difficulty of such a task. If it is at times a hard matter to diagnose a case of incipient typhus fever or small-pox, even when there is opportunity for deliberation and careful examination, how almost impossible it must be in certain cases to detect a case of contagious disease among four or five hundred or a thousand im-

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migrants moving in line before the quarantine officer on the deck of a steamship! The ship's surgeon, who has had the passengers as it were in quarantine for ten days or two weeks, is the one upon whom the responsibility of detecting contagious diseases should chiefly rest. But in order that the quarantine authorities may place any reliance upon him, he must be known to be competent.

**Defeat** is never enjoyed. The death of the Medical Practice Bill formulated by the Louisiana Medical Society leads the *New Orleans Medical and Surgical Journal* to say: The bill died—or, to speak more correctly, it was killed. Who killed it? and whose fault was it that it was killed? There were no internal dissensions (if we except a mild protest from the Attakapas Medical Society); there was no room for stickling for strict parliamentary procedure; and the midwives, being unaffected by the bill, said nothing. Could it be that our lawmakers are blind to the advantages of such a bill, or indifferent to the interests of the people? We do not think that they are blind or indifferent. They are men of some sense, and feel their responsibility. They will pass any measure under the sun which its promoters show them to be to the interest of the people; and no reasonable bill will be defeated unless a plausible opposition is brought forward. This last, we think, is what killed our little bill; and the opposition came from our dear homeopathic friends.

It is easy to sit down and philosophize over a defeat; but the sensible, practical man of every day life cares little for philosophizing, and impatiently wants to know why we (or somebody) did not speak in time to do some good and save the society from the ignominy of a second defeat. We would respectfully submit that the committee was credibly, though unofficially, informed, about a year ago, and again, since that time, that the homeopaths wanted certain features to be introduced into the bill, without which they would oppose it to the fullest extent of their power. Some slight changes were made we believe, but not radical enough to please our friends, the enemy. The result is an epitaph on our bill.

**A Protest** is entered by Dr. Huldah T. Gunn, against the unnecessary surgery indulged in, in the case of gynecological affections. She goes on to say (*Med. Tribune*) that many women have in the past and doubtless will in the future be benefited by surgical interference in cases of ovarian cysts and other growths that are not amenable to other treatment she grants, but she protests against the indiscriminate removal of tubes and ovaries for functional derangements, as hysteria, hystero epilepsy, neurasthenia and insanity, as is the practice at the present time. She considers it not only unscientific but criminal to deprive women of their natural organs for such cause. The real object of the skilled surgeon is to preserve both tissue and function, and all scientific surgery is based upon this principle, but the aim of the modern gynecologist seems to be to show how much of the organs he can sacrifice and still preserve the life of the patient. The quiet and unostentatious work of the medical gynecologist is not appreciated at the present time. If he has performed no oophorectomies, nor other fashionable mutilations, his skill is questioned and his practice disparaged, hence the many disciples to the Tait school of practice. It has been said that many of his imitators have followed him "not wisely but too well." Also, "that a first successful abdominal section seems to have the same effect upon the operator as a taste of blood upon the Indian tiger; an insatiable thirst is aroused, and life is spent in looking for new victims."

It is high time that the medical profession, and especially women in the profession, cry a halt to this wholesale butchery of their sex. Any practice, whether medical or surgical, that is not in harmony with nature's laws, which are to conserve and not destroy, is faulty and cannot endure. This great boast about the advance of gynecological science is all a mistake. It is a fad, and will have its day, and then be relegated to the realm of obscurity. She has one wish to put herself on record as denouncing a practice that endangers the life and happiness of the patient, destroys her sexual individuality and weakens the physical and psychical force with which nature endowed her.

**Dissatisfaction** is expressed in no measured terms by the Cincinnati *Medical Journal* as witness the following: It is about time that some radical change took place in regard to the methods of procedure of the judicial council, as the members of the association are becoming very much disgusted with this political bossism, and they are about tired of having one man take up a question that is for the council to decide and after thinking it over in his windy city office, decide that it must be settled according to the way which is dictated by that organ which he imagines is his mind.

The sentiment of the organization is not always in harmony with the "Father" and hence the members would like to have a voice in the matter, as they justly feel that they have some few rights and privileges.

**Dogmatism** is commented upon as follows by the *Medical Brief*: The voice of authority has always exercised a paralyzing influence upon the human intellect, and men have always been found who were willing to suffer and die, rather than submit to its dominion. This is as true in the fertile fields of medical science as on the barren heights of an erstwhile inhuman religion, and the gay meadows of secular literature.

Medicine is a progressive science; scarce a decade passes but that a revolution occurs in the beliefs and teaching of its followers. It can never hope to attain the exactness of mathematics. Two and two will never make four, because the factors in the equation differ in each instance, but medical science does confidently expect to approach nearer and nearer to the perfection of human art and skill. The possibilities of the human

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ellect, the grandest gift of a beneficent Creator, have ver been correctly gauged, and all the worshippers at culapius' shrine need remember is that the motto of e world's vanguards has ever been: Beware of dog-tism.

**The Woman-Spaying Craze**, which any time the last decade would seem to have been sufficiently ested against by conservative men in medicine on sides of the ocean, appears to be epidemic just in America at least, says the *American Practitioner* Many women with normal pelvic organs e daily unsexed by adventurers in surgery, and there likely to be no surcease of this lamentable practice ll the diagnosis of painful pelvic troubles can be ought out of the obscurity which now surrounds it. If this wanton destruction of ovaries continues uch longer the social economist will doubtless be com-lled to invoke one political measure for its abate-nt. It might be hard to rule the young would-be ent of a field where apparently big rgery may be ithout experience or great skill, nd with next to ger of fatal results; but there an be no question the good of humanity would be nobserved in such gislation as would secure a woman gainst the loss of the most essential of her sexual or-ans, until it should be demonstrated before a committee f experienced diagnosticians that they are diseased be-ond cure and must be condemned to the knife.

In the mean time the ambitious young surgeon should onfine his operation to the spaying of sows, or the cas-ration of roosters, and thus acquire a steadiness of hand nd deftness of touch that will give grace and *eclat* to is work when some fit case shall come under his mani-ulation.

**A Question of Ethics** is thus stated by the Alabama *Med. and Surg. Age*: The Mobile County Medical Society at a recent meeting passed an ordin-ance to the effect that professional recognition in the way of consultation should not be extended to any phy-sician not holding a certificate of qualification from the State Board of Medical Examiners, or a County Medical Examining Board. This ordinance passed by the Mobile Society we consider timely, and believe that it would be wise and just for every county society in the State to pass in effect the same resolution.

It is well known that before the recent amendment to the penal law, a number of doctors took advantage of the mistake made in codifying the criminal laws of Ala-bama, had their diplomas recorded in the office of the Probate Judge, and thus without receiving certificates from examining board, are, under the penal law, ex empted from penalty. Such persons, however, are not legal practitioners under the civil law of this State, and have been declared illegal practitioners by the Supreme Court of Alabama, and hence cannot collect their fees by law.

**Hepatic Abscess.**—At the termination of a study of this disease (*Am. Jour. Med. Sc.*) Dr. William C. Dabney states that the following conclusions, it seems to him, are either warranted or rendered highly probable:

1. That hepatic abscesses rarely occur as a result of injuries or diseases of the bones or other parts of the body, except those directly connected with the portal system of veins, or immediately adjacent to the liver.

2. Ulceration of the bowels is a common cause of hepatic abscess, but neither the morbid changes nor the symptoms are those of simple dysentery. It is probable that in most cases, at least, when the hepatic abscess is due to dysentery the latter is amebic in character.

3. An hepatic abscess may appear in two weeks from the commencement of the dysenteric attack, but the usual time is from four to twelve weeks. It is impossible to say how long a time must elapse after an attack of dysentery before all danger of hepatic abscess is past.

4. Abscesses originating in the bile-ducts and those due to injuries of the liver itself seem to be of comparatively rare occurrence. When due to injury, the abscess usually appears in a few days.

5. Abscesses occurring in connection with general septicemia or pyema are probably nearly always multiple in number and small in size, but in rather more than half of all other cases the abscess is single and comparatively large. Abscesses due to gall-stones, however, are usually multiple.

6. Aspiration occasionally fails to reveal an abscess, because the needle may not enter it, or the contents of the abscess may be too thick to flow through the needle.

7. There are no means of determining with certainty the presence or absence of adhesions in a given case; pain, tenderness, and edema over the seat of the liver suggest the presence of adhesions, but are by no means certain proof of their existence. Even the up and down movement during respiration of a needle inserted into the liver is not a conclusive proof that adhesions do not exist, as was shown by a case recently under his care.

8. Of the symptoms and signs of hepatic abscess, pain, tenderness, and swelling in the hepatic region are by far the most important. Fever is present in a large proportion of cases, is intermittent in character, and except in pyemic cases, rarely rises above 102.5° or 103°. Jaundice and ascites nearly always denote the presence of dense adhesions or gall stones. Dyspnea and cough are frequently present.

9. It is doubtful whether absorption of the contents of an hepatic abscess ever occurs; bursting is of fre-

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quent occurrence, the most usual direction being into a bronchus or the pleural cavity. Under expectant treatment death occurs in a large proportion of cases before bursting.

10. With respect to treatment, free incision and drainage give far better results than any other mode. The results of aspiration are rarely satisfactory, nor is aspiration itself entirely free from danger.

**Dry Cell Batteries.**—Dr. Ernest B. Sanger seems to have had an unfortunate experience with these batteries if we are to judge from the following advice he gives (*Times and Register*): Do not invest in a dry cell battery. Do not buy an instrument that is boxed up tight, and the inner workings of which are unknown. It is like those trades of our youth, in which we bartered knife for knife, "sight unseen," and perhaps secured merely an empty knife handle from our too smart companion in exchange for our own ancient, but still fairly serviceable, "toad-sticker." Get a wet cell battery. It does not look quite so pretty, perhaps, but you can see all the connections; there is nothing hidden; and, when the electricity weakens or disappears, a small sum will replenish the strength, and you will not be compelled to box your instrument, express it to the maker and pay thirty cents per cell for refilling.

**Bromoform in Pertussis.**—Dr. J. T. Duncan adds his testimony in favor of the great efficiency of bromoform in whooping-cough (*Canad. Prac.*). The dose of the remedy is from one to three mimims in a spoonful of water, three times a day. He concludes his paper by saying that the results may be thus stated:

1. Bromoform in the doses stated is a perfectly harmless remedy.

2. The attacks diminish in number and severity.

3. The first paroxysmal vomiting disappears in two or three days.

4. Nasal and other forms of hemorrhage soon disappears.

5. It acts beneficially in complications, largely by giving affected organs, *e.g.*, lungs, a chance to rest.

6. It undoubtedly shortens the duration of the attack (Stepp, 2 to 4 weeks; Scheppers, 8).

Bromoform is a heavy sweetish liquid. It is best given dropped in a teaspoonful of water. Given thus, children like it; but be sure the drops are swallowed, as they sink through the water on to the spoon. It must be dispensed in small amounts, and kept from the light, as it is apt to change.

**Trichinosis.**—Dr. J. H. McCollum in a consideration of this condition (Boston *Med. and. Surg. Jour.*) says that it is frequently said that cooking renders pork infested with trichinæ harmless. While it is true that a temperature of 170° F. will destroy the parasite, it is also true that in many instances the interior parts of large hams, during the process of cooking, are not heated to this point. There are also many of our citizens who prefer, possibly from motives of economy or from habit, to eat underdone pork; and they certainly should be protected.

In European countries at the present time there are very stringent regulations regarding the microscopical examination of swine slaughtered for food. In this country a microscopical examination is made only of pork that is intended for exportation to European countries. These examinations are made under the direction of the Bureau of Animal Industry at Washington D. C. To show how carefully these examinations must have been made and of the benefit that has been derived from them, it is sufficient to say that the stamp of the United States Government Inspector on American pork places it on an equality with that of Germany.

If, for the export trade, a well conducted system of microscopical examinations of pork intended for food has been inaugurated, how much more important it is that a similar system should be established for the examination of pork intended for home consumption.

In order to render pork absolutely harmless as an article of diet the following measures are requisite.

1. Regulations regarding the feeding of swine; particularly the prohibition of the use of city swill and slaughter house refuse.

2. Microscopical examination of a portion of the carcass, as is now done with pork intended for exportation.

3. Regulations regarding the proper housing of swine.

4. Instructions regarding the importance of properly cooking pork.

**Visceral Phlebotomy.**—This procedure finds a champion in Dr. George Harley who has had considerable experience with it. He states (*Med. News*) that it is knowledgy that inspires surgical confidence, and without it no one ought to attempt visceral phlebotomy. For those about to have recourse to it as a curative measure for the first time the following hints may, perhaps, be of service:

1. If it be deemed advisable to render the patient insensible, induce anesthesia of the skin at the point selected for puncture by the local application of cocaine hydrochlorate.

2. Select the seat of the puncture, and give such a direction to the trocar as will insure the point of its entronce into the organ being brought into direct contact with the parietes by the application of pressure to them by a bandage after the completion of the operation, in order that the mouth of the wound in the organ may be thereby readily and effectually closed.

3. Let the trocar or aspirating needles be of the size of a No. 2 or 3 catheter, and sufficiently long to penetrate deeply into the organ operated on, without there being any risk of entirely transfixing it.

4. Let the direction of the instrument be such as to avoid its puncturing any large blood vessel.

5. When all these points have been attended to it

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will save the patient pain if the instrument be rapidly and at once thrust into the organ to the full depth it is intended to puncture.

6. If no blood flows, then slowly and by distinct degrees withdraw the canula, in the hope that a sufficiency of blood will ooze from the transfixed capillaries into the canal made in the organ by the instrument, as will yield a free stream, and enough for the required purpose.

7. When the wished-for amount of blood has been obtained, before withdrawing the canula altogether from the organ, but just before it leaves it, in order to obtain a blood-clot-cork to stop up the wound with, place the finger on the mouth of the canula, and keep it there until a clot has had time to form, both in its interior and in the canal made in the organ itself.

8. The next point is to get the clot in the canula to break off from that in the canal, so as to leave the latter behind, in order that by its presence there it may prevent any oozing of the blood from the organ after the withdrawal of the instrument. This is best done, he thinks, by giving a slight twist to the canula at the moment it is felt to leave the organ. And the resistance of the tissues of the organ will cause them to contract sufficiently firmly round the clot within it to prevent its being drawn out along with the canula.

9. All that now remains to be done is to place an an inch-sized square piece of adhesive plaster over the seat of the external puncture, and bind a pad over it, with a long flannel bandage sufficiently firm, so as to ensure the internal surface of the parietes being brought into close contact with the orifice of the wound in the organ, the more effectually to prevent the possibility of accidental hemorrhage taking place.

**Puerperal Infection.**—Fochier, of Lyons, observed (Montreal *Med. Jour.*) that in cases of severe puerperal infection, when multiple abscesses formed, the patients recovered more frequently than when such was not the case. This lead him to endeavor to produce such abscesses artificially, hoping by those means to favorably influence the course of the disease. He experimented with various substances and finally employed spirits of turpentine. This he injects into the subcutaneous tissue preferably about the upper part of the extremities. The irritation thus produced seemed to offer a suitable nidus for the pathogenic microbes and they concentrate their action at these points and so relieve the general system. In a few days the abscesses can be opened but Fochier advises not to open them too soon. He says:—"Regarding the mode of action, it is probable that all about the purulent center soluble products are secreted which vaccinate the system. This appears to him so true that he hesitates to open an abscess, because the pus evacuated, the beneficial properties disappear; and he advises, before opening the collection of pus, to make another in the vicinity." The actual injection is not more painful than one of morphia, but after a few hours the pain becomes more severe. If the injection is made deeply beneath the tissues the swelling is not apparent for several days. Abont the third day the redness of the skin becomes pronounced and then sometimes the abscess runs an acute and sometimes a chronic course. The turpentine does not seem to be absorbed, since the odor is perceptible at the end of a fortnight, although the separate drops cannot be distinguished amidst the pus.

**Retained Feces.**—Dr. W. S. Christopher states (*Jour. Am. Med. Asso.*) that it is not an easy matter to empty the colon of feces which have been long retained. Active cathartics will not suffice. Indeed, their prolonged use, or rather abuse, is a most potent factor in the causation of the condition. Salines in moderate quantities will sometimes succeed in washing out the retained masses, but after the abuse of purgatives, a sedative is often the most effectual in clearing the bowels. A most useful one under such circumstances is a pill containing iron and belladonna. He has found the bowels to act after a few days' rest, when croton oil had failed to produce an evacuation. But the most satisfactory for relieving the colon of masses of feces that cannot be removed in any other way is the use of lavage. Copious injections of warm water will dislodge masses of feces that cannot be removed in any other way. It should not be forgotten that several injections may have to be given before any old feces will be brought away, and that it often takes daily injections for several weeks to completely empty the bowel, and entirely remove all the old hardened, dark feces.

The following conclusions are submitted:

1. Long continued partial retention of feces is common.

2. Such retention is usually harmless.

3. Retained feces undergoing putrefaction may, at any time, acquire poisonous properties.

4. Retained feces may produce either local or constitutional sympioms.

5. The principal local conditions produced by retained feces are typhlitis, appendicitis and peritonitis, either localized or general.

6. Retained feces, through the poisons produced in them, are capable of causing any constitutional symptoms which can be manifested through the agency of the central nervous system.

7. Among the toxic effects of such stercoremia may be mentioned fever, convulsions, coma, insomnia, headache, neuralgia, vertigo, anemia, diarrhea, constipation, incontinence of urine and feces, insanity, etc.

**Chloroform in Parturition in the Presence of Organic Heart Disease.**—Dr. Ridgeway Parker in a paper on this subject (N. O. *Med. and Surg. Jour*) states that the narcotic is not precluded. He states further: Snow, likewise is of the opinion, "In all forms of valvular disease," he says, "chloroform, when carefully administered, causes less disturbance of the heart and circulation than does severe pain." To

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quote from Championniere: "If," he says, "I recognize an organic affection of the heart, without pulmonary complications, I should rather give the woman chloroform than let her suffer." Were further proof necessary as to the propriety of employing anesthesia, one might include among this group of clinical observers, Vergeley, who expresses himself thus: "Diseases of the heart are not contradiction to the use of anesthesia." Macdonald states: "In almost all cases of heart disease with labor chloroform has been given, and apparently with benefit, during delivery. If carefully administered, I think it cannot but be useful in all cases." Since such eminent authorities advocate its employment can we justify ourselves in refusing our patients the benefit and comfort this agent affords? What is the danger from chloroform compared to the state of exhaustion and collapse into which the parturient female will inevitably fall? If this heart is forced to the verge of paralysis from overwork and excitement, why shall we not use the means at our command to lessen the strain? Let us have a reason for that faith that is in us, and not hesitate to employ extreme measures to overcome extreme danger,

Chloroform by inhalation, can and will, if properly administered, save the lives of parturient females, suffering from organic disease, when death seems imminent from over-stimulation of its ganglia through reflex nervous action. Organic heart disease, then, does not preclude the use of chloform in labor, but rather is a condition calling for its careful administration.

**Gonorrheal Rheumatism.**—In a paper by Dr. L. Jacquet, in the *Annales de dermatologie et de syphiligraphie*, the author concludes that gonorrheal rheumatism is not due to any one cause alone. The evident influence of depression of the nervous system; the frequent association with neuropathic troubles, such as various neuralgias, sensory disturbances, etc.; the clinical aspect of certain forms; the persistence of the pains, and their recurrence in persons who have recovered from gonorrhea, in consequence of the single influence of nervous fatigue; and, lastly, the absence of micro-organisms in the purely sero-mucous swellings of the joints, legitimately suggest a neuropathic origin of these arthropathies. Perhaps they are due to the action on the nervous centers of a poison, a toxine, produced by the micro-organisms in the urethra. On the other hand, it is very probable that there is arthritis, and especially muco-purulent plastic arthritis, excited by the infection, the so-called "gonohemia." And lastly, as is well known, there is arthritis caused by pyogenic microbes in cases of pyemia, an instance of which is the rheumatism arising from pyemic infection in ophthalmia.

**Prevention of Sexual Diseases.**—In the course of a paper read by him (*N. Y. Med. Jour.*), Virchow held that the formation of laws of a practical character might be undertaken limited at first to the betterment of Berlin. He had already endeavored, in the discussions of the Reichstag, to show that the insurance laws, for example, should be aimed not to make men moral but to make them healthy. The existing German insurance acts provided that insurers who "intentionally brought their illness upon themselves" by sexual excesses could not claim full sick pay. The person concerned did not infect himself because it was his intention of doing so; his intention was simply to have sexual intercourse, and, if he contracted syphilis in so doing, that was not shown to be a part of his intention. A single sexual act could not be described as sexual excess. If any man had an infected wife and had the misfortune to contract the disease from her, it could not be made to depend upon excess. Medicine must, therefore, treat men as men, disregarding their various moral, social, and political qualities. The greatest of criminals, when ill, could always obtain conscientious medical assistance. Governments had need of a great degree of liberality in providing for the sick of this class. Society would be benefited when this was done, for one of the best means of reducing the dangers of the spread of these diseases would be by offering to the victims every inducement to have early recourse to treatment. But the reception of syphilitic cases was expressly prohibited in some hospitals—that of Urbau, for example. Other hospitals had so little room to spare for these cases that they could take a part only of the patients that presented themselves. There had been a desire in Berlin to associate polikliniks with the existing institutions, and to treat syphilis by means of those. There was also some intention of enlarging the Moabit Hospital, so that a poliklinik might be conducted for the relief of venereal patients. But this proposal had been negatived in the supposed interests of the junior members of the medical profession, although all such matters could be settled by compromises. The first position for medicine to take in these questions was to declare in favor of bringing the sick under treatment as early as possible, and that as far as possible they should be treated within the walls of hospitals or in wards set apart for these specific ends. Moral and financial considerations were, to the medical eye at least, distant and secondary in importance.

**Suicidal Mania.**—In a paper on the care of the insane Dr. H. G. Brainard in speaking of suicidal insanes says (*South. Cal. Pract.*) that the welfare of the patient demands that the men with decided suicidal propensities be sent to an asylum as early as possible after their development, as the opportunities for putting them into execution are far less in an asylum than outside its walls. Allow me to note here a peculiarity of suicides. Most of them have an impulse or propensity to accomplish it by some special method, and are quite likely not to attempt to take their own lives, though numerous opportunities may offer, unless the one method, to which their minds constantly revert, presents itself. The man who has an impulse to hang himself is quite unlikely to cut his throat or poison himself, though he may have

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ample opportunity to do so. I remember a patient who had made numerous attempts to hang or strangle herself, but was as much frightened as any one at the prospect of being killed by a tornado. Another anomalous fact exists regarding melancholics who have a morbid fear of death by some violent means, such as hanging, drowning, being disemboweled, etc., in that they are very likely to take that very method to escape their dreaded fate.

**Case of Intussusception Relieved by Enema under Anesthesia.**—Dr. Frederick Holme Wiggin reports the following instructive case (*Med. Rec.*): July 9, 1890, he saw in consultation A. H——, male, forty two years of age, who gave a history of constipation, and after a day of unusual hard work (chopping and lifting logs) he was seized with severe remittent pains and persistent vomiting, which continued until he saw him, three days later. On rectal examination a tumor could be made out. Tenesmus was present. Abdomen was tympanitic. Constipation was absolute. Diagnosis of intussusception. The patient was anesthetized until his muscles were relaxed. He was then placed in the Sims position, with his hips elevated, and a large enema slowly given from a fountain syringe and forcibly retained till the patient recovered consciousness, when he complained of a severe pain. After enema was passed tumor could not be felt through the rectum. In a few hours bowels moved freely, and the attending physician reported his recovery as uneventful. In case the enema produces no result, it should be followed, with the least practical delay, by laparotomy. If bowels are much distended, they should be incised opposite mesenteric attachment, and fecal matter and gas allowed to escape. This wound should be then closed, and abdominal cavity irrigated with a normal salt (six per cent) solution, and the abdominal wound closed.

**Treatment of Exophthalmic Goitre.**—In a paper on Basedow's disease, Dr. Louise Fiske Bryson gives the following (*Post Graduate*), saying that the treatment securing best results has been a combination of mechano- and hydrotherapy and of rest and exercise, togethee with the strictest attention to the details of dietetics and general hygiene. The drugs that have seemed to the writer most helpful are nux vomica, arsenic, and digitalis sparingly. Getting the patient to room and sleep as high above the ground floor as possible has brought about marked improvement. Moderate altitudes instead of the sea level for a summer residence have met with like results. Laughable precautions, such as going upstairs backward or drinking water by spoonfuls, have had their reward in lessened fatigue and greater comfort. Hours of rest and exercise must be prescribed, as well as the kind and amount, and never left to the patient's discretion. Music seems to exercise a prejudicial effect, and for this reason, as well as on account of bad air and crowding, church-going, theater-going, and evening amusements generally must be renounced. In no condition is there greater necessity for close attention to details than in the care and treatment of exophthalmic goitre. Under favorable circumstances the disease tends to recovery in from one to five years.

Up to the present time, for lack of sufficient and minute investigation, due possibly in part to preconceived opinion as to origin, Basedow's disease still remains a "mysterious malady," a train of distressing symptoms that may be relieved in turn and may also disappear spontaneously. A good working hypothesis is to consider it a disorder of nutrition, respiratory in its first manifestations and digestive afterward, acted upon later by some special exciting cause, as infection, trauma, strain, or shock, and to organize treatment upon this basis. Thus are to be obtained results that are best and most permanent.

**Pleural Effusion with Displacement of the Heart.**—In a very instructive paper on the clinical aspects of this condition (Dublin *Jour. Med. Sc.*), Mr. W. Langford Symes says that, in concluding this subject for the present, the following facts appear sufficiently well-established to warrant their recapitulation:

1. That replacement of the heart may occur as early as the fourth day; that a moderate effusion can produce it; and that it may be preceded and accompanied by fainting on exertion.

2. That it occurs before protrusion of the intercostals, and the heart may even pulsate beyond the right nipple while they are not affected.

3. That, owing to the peculiar basic attachments of the heart, the apex can move in the arc of a circle, right or left; that the heart appears to rotate upon its long axis; and that this rotation in dexiocardia may increase the distinctness of its sounds and impulse.

4. That the heart does not return by the same route, but on a plane somewhat higher, and that this course, whether real or apparent, is dependent upon the non-expansion of the lung.

5. That extreme displacement may exist without either *bruit* or palpitation, and does not *ipso facto* necessitate paracentesis.

6. That it is extremely dangerous for the patient to undergo any exertion when it is so displaced, owing to the many risks of sudden death.

7. That decubitus on the sound side, or in a semi-dorsal position inclined to that side, appears to lessen the tension of the fluid; that it is always a grave symptom, and an urgent indication for paracentesis to relieve tension.

8. That "*le bruit Skodique*" is caused by the compression of healthy lung against the bronchus, thus acting as a better conductor of sound; that it is closely connected with high tension; and that it disappears when the intra thoracic pressure falls.

9. That the dangers of displacement being intimately connected with the condition of the opposite lung, the

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extent of dislocation, *per se*, forms no criterion—some slight displacements ending fatally, while other extreme ones are borne with impunity.

**Treatment of Intermittent Malarial Fever.**—Dr. Luther Sexton in an interesting paper on the above disease (*Times and Register*) states that salicine, piperine, strychnine, arsenic, and many other drugs, have been recommended in malaria. I consider them all inferior to quinine, to act better as tonics, and in the masked or chronic forms, than as specifics in the inter and remittent variety.

When quinine is not borne well, we might try some other alkaloid of the bark. Piperine is occasionally given as a pill. Strychnine with iron as a tonic, or,

℞ Bichloride mercury, - - - gr.j.
Tr. ferri chlor., - - - - ℥j.
M.
Sig. Ten drops three times daily in water.

Another agreeable way of giving iron for the anemia, combined with quinine and arsenic, is

℞ Ferri et quininæ citratis, - - ℥ij.
Liq. potass. arsenitis, - - - ℥ij.
Syr. limonis, - - - - - ℥iv.
M.
Sig. Teaspoonful three times daily.

Iodide of potassium, as an alterative, in 5 grain doses, is highly recommended in enlarged spleen and liver; if it disagrees with the stomach after giving it in milk, stop it at once. Nitrate of potassium, in from 15 to 20-grain doses, three hours apart, has failed in my hands to produce the good effect claimed for it by some.

Vomiting is one of the most obstinate symptoms in some cases. I usually encourage it by salt or mustard water until the emesis is free; then with

℞ Hydrochlo. cocaine, - - - gr.ij.
Milk of magnesia,
Aq. lauro-cerasi, - - - aa ℥j.
M.
Sig. Teaspoonful every hour or two for nausea. Or,
℞ Morphiæ sulphat., - - - gr.jss.
Sodæ bicarb., - - - - - ℥j.
Acid carbolic., - - - gtt.iv.
Aq. menth. pip., - - - - ℥ij.
M.
Sig. Teaspoonful doses, two hours apart, with mustard over the stomach and crushed ice by the mouth.

This will check the most obstinate cases. You need not try any tasteless syrup of quinine; it does not exist.

**Treatment of Fracture of Clavicle.**—Dr. A. S. Kinnamann writes to the *Jour. Am. Med. Ass.* that with the exception of the femur, there is no bone fracture with which the surgeon meets where a shortening so uniformily results as in the clavicle. The testimony of surgeons from Hippocrates to the present time is that however careful the treatment of this fracture, deformity almost always results. The difficulty does not lie in the reduction of the fracture, for as a rule, this is very easily accomplished; the trouble we meet with is in retaining the reduction sufficiently long for nature to establish an osseous union, even after the parts are properly adjusted the slightest movement of the head, arm, or even the movements occasioned by respiration are frequently sufficient to displace the fragments again to the position they occupied before the reduction.

He would like to call the attention of the profession to a treatment that has proved successful, that is the use of the bone dowel or peg. After reducing the fracture in the usual manner pierce the clavicle with an awl, let it extend from one broken fragment to the other, then insert the antiseptic bone peg completely. The arm and elbow is now suspended in a sling, and the arm is confined to the chest either by a few turns of the bandage or a few broad strips of adhesive plaster.

By this method you will not meet with the difficulties met with in the wire suture advocated by Von Langenbeck and the results will be more perfect.

**Adherent Placenta.**—Dr. W. F. Kuhn reports a fatal case of adherent placenta (Kansas City *Medical Index*) and he proceeds as follows: What shall be done in case of adherent placenta? Parvin consoles us by saying "that its removal is at once one of the most delicate, difficult and dangerous in obstetrical practice, and should never be undertaken unless the indications are clear." Another author says "it ought not to be done manually, but to resort to large doses of ergot, until all danger of hemorrhage is past." Undoubtedly where the placenta is so adherent that its margin and uterine wall are one and there is no hemorrhage, the expectant and waiting treatment is the best. "The delicate, difficult and dangerous" condition is fully known. But when hemorrhage does occur, as in this case, there is but one of two methods to adopt, and that very speedily; remove if possible, or tampon and wait. He could not accomplish the first and the latter was the alternative. In this case the placenta was detached except one to one and one-half inches of its margin, leaving thus a large bleeding surface. The pathological condition of the placenta was not confined to the parts adjacent to the uterine wall but embraced fully two thirds of the entire mass. In the grasp of the hand it felt like the substance of the womb, hard, resisting, tough. This amount of placenta remaining prevented the contraction of the womb, and was a constant source of hemorrhage and danger. The only error, if it can be called such, was in not removing tampon six hours earlier, even at the risk of hemorrhage, of which there was danger, for we find seven hours after the tampon was inserted, free hemorrhage, and twenty-four afterward the napkins and bed were stained with fresh blood and there was oozing through the tampon. He deferred action and five hours later occurred the chill. Would the removal of the tampon and a thorough irrigation of the womb at 9 A.M., Saturday have saved the patient? He believes not, yet a removal of the tampon would have at least lessened one source of

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anger, viz., septicemia, of which the chill was the pre-ursor.

**Tubercular Ostitis.**—Yver reports a case (*Ex.*) f resection of the two first pieces of the sternum in a oung man suffering from tubercular ostitis. He had lready incised two collections of pus, one in the right and and the other in the left foot. Some time after n abscess developed over the upper part of the ster-um. This, on being opened, showed a perforation ith a projection of the first two pieces of this bone, nd behind it a cavity filled with pus. Four centime-ers of the upper part of the bone were removed, the avity well cleaned out and stuffed with iodoform auze. The cavity healed in about three months, dur-ng which time a new abscess in the gluteal region was pened. The patient had remained well since.

**Radical Surgery to Prevent Tetanus.**—Dr. Everard Hamilton Richardson is a warm advocate of radical operations in the treatment of extensive lac erated and contused wounds of the extremities (*Jour. Mat. Med.*). He is very explicit in giving his opinion on this subject. He says: Remove every cause calcu-lated to depress the feelings of the patient; avoid fa-tigue; drafts of air, cold and damp, favor the develop-ment of tetanus, and should be scrupulously avoided.

In view of the liability to tetanus after this class of injuries, the do-nothing treatment, so often practiced, and the waiting-for developments plan are reprehensible in the extreme, and cannot be too strongly condemned. The rules enunciated in the management of the class of injuries under consideration should be religiously en-forced whenever practicable. A flippant disregard of them can be but the result of the grossest ignorance, or due to a want of a proper estimate of human life. By the proper observance of these rules, coupled with antiseptic surgery, it is no Utopian dream to indulge in the belief, that this monster of disease, traumatic teta-nus, will be banished from the catalogue of diseases, and in the future become one of the curiosities of sur-gery.

**Uncontrollable Drunkenness.**—Dr. L. Forbes Winslow looks upon this condition as a form of mental disorder (*Quar. Jour. Ineb.*). He says *inter alia*: Once the passion for drink obtains the mastery over the will, vain will be the efforts of relatives and friends to prevent the dipsomaniac from obtaining access to stimulants as long as he is permitted to remain unrestrained and at large. When deprived of the legitimate means of pur-chasing drink, the most ingenious devices will be had recourse to in order to obtain stimulants. A woman suffering from this phase of insanity was never permit-ted to have any money at her command. Having no other means of purchasing stimulants, she had nearly all her teeth extracted; these she sold for the purpose of enabling her to gratify her morbid craving for intoxicat-ing drink.

It does not necessarily follow that this craving is con-fined to brandy, gin, rum whisky, wine, or beer. It oc-casionally embraces within its domain every conceivable description of intoxicating beverage. Patients have been known, when other kinds of stimuli have been withheld, to fly to opium, Indian-hemp, camphor, ab-sinthe, noyau, shrub, kirschwasser, curacoa, anisette, and other highly pernicious liquors, and to drink large quantities of eau-de-cologne, spirits of wine, chloric and sulphuric ether, solution of ammonia, lavender water; highly concentrated perfumes, as well as medicinal tinc-tures, containing a large percentage of alcohol. A lady, respecting whom I was consulted, being deprived of all access to ordinary intoxicating liquors, was reduced to the extremity of surreptitiously abstracting and drink-ing the spirit of the hall and table lamps. Any attempt to prevent patients so afflicted from obtaining stimu-lants is, to a degree, rendered nugatory by the extreme cunning and morbid fixedness of purpose so often asso-ciated with the propensity. Drink of an exhilarating character, they declare, must be had, and all near and dear to them they are prepared readily to sacrifice, in order to gratify an intense yearning for intoxicating liquors.

It is not easy to describe in writing the peculiarities of these dipsomaniacs.

**How to Drink Milk.**—Some complain, says an exchange, that they can not drink milk without being "distressed by it." The most common reason why milk is not well borne is due to the fact that people drink it too quickly. If a glass of it is swallowed hastily, it enters the stomach, and then forms in one solid, curdled mass, difficult of digestion. If, on the other hand, the same quantity is sipped, and three minutes at least are occupied in drinking it, then on reaching the stomach it is so divided that when coagulated, as it must be by the gastric juice, while digestion is going on, instead of be-ing in one hard condensed mass upon the outside of which only the digestive fluids can act; it is more in the form of a sponge, and in and out of the entire bulk the gastric juice can play freely and perform its func-tions.

**Tetanus.**—Prof. Brinton said (*Coll. and Clin. Rec.*) that in the treatment of tetanus we should try to get rid of the exciting cause by disinfecting the wound and by antiseptic dressings. Keep the patient out of drafts of air, as in his experience they will cause the paroxysms. For the spasms, ether may be given and ice may be ap-plied to the spine, but be careful on account of the de-pressing effect of the cold. He relies more on chloral and bromide of potassium. Calabar bean has been re-commended, but he has never seen any good results from its administration. The patient should be sup-ported by nourishing food, either by the mouth or by enemata, as the longer the patient is kept alive the greater the chance there is of his recovery.

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## New England Letter.

Editor MEDICAL REVIEW.—Keeleyism is meeting heavy weather abroad. All the leading medical press are denouncing it, and a noted chemist has found no gold, but 27½% of absolute alcohol in the remedy. The New England branches of this specific are not happy at the outlook.

The mid summer work of the physicians is often the most profitable of the year. Large numbers of city boarders fill up the mountain villages and remote farm houses, and the lonely doctor feels once more the stir and dash of life from the great centers. The usual summer complaints, with rheumatism from exposure, are the common affections treated among the city boarders. Occasionally a consumptive goes under the country doctor's care, and the improvement from change of air sourroundings, and common sense remedies of the self-praised M.D. results in recovery. Many years ago a Bostom millionaire was given up to die, having been under treatment of every specialist in this country and Europe. By accident he was forced to remain over night in a Vermont village, and called the physician for some advice. The result was that he took up a residence in a farm house near this doctor, and lived many years, ascribing his relief to the skill of this physician. Of course this physician became wealthy, and left two sons who destroyed themselves on their father's wealth. It would be a practical question to ask, had this millionaire went on, and never seen the doctor, dying soon, as he expected to, and the doctor, after a useful life dying poor, would not the sons have been saved from their fate?

The Harvard University have established an excellent summer course of study. Twenty-eight teachers give lectures and clinics through June, July, August and September. The topics and instruction are eminently practical, and no one need go abroad to study modern medicine thoroughly. Harvard has adopted a compulsory four years' course for all who wish their diploma, and the experiment will be watched with much interest. The question is, has medical opinion advanced far enough to sustain this course? The best sentiment of the profession are in accord with the theory of longer and more thorough preparation for the practice of medicine, Harvard can do what other colleges can not, and be sustained by an enthusiastic alumni. It can set up almost any standard, and yet is it a grave question if better men are graduated, and there are many persons who doubt the value of an excessively technical training for the student. They assert that a practical experience of five or ten years are essential to round out a medical conception of the need of special training; then special post-graduate services are of real value.

The death rate of Boston, notwithstanding the proximity of the ocean, is very startling in these summer months, showing clearly that with all the culture and scientific knowledge, much remains to be done.

Heat strokes in the tall, close rooms of large buildings are more common every year, and some very interesting experiments are being made to ascertain the degree of heat and moisture that will make this State passable.

T. D. C.

## In Lighter Vein.

To J. H. CHAMBERS & Co., St. Louis, Mo.—

Please send me your book
So that I can look
It over;
It's attractions may be
To you or to me
The cover.

Perhaps the inside
When its contents are tried
May sell it;
Perhaps if I try, or
'Tis perfumed with nitre
Some old maid might smell it.

The book may have merit
If up in some garret
'Twas penned;
And if the good preachers
And public school teachers
Have it "*amen-ed.*"

Or if the rich binding
Makes easy its finding
'Twill go;
For the small attractions
In decimal fractions
You know.

My wife is groaning
The wind is moaning
And my light is growing dim;
And I'd like to send this thing
To Professor Willis King
For I haven't had the pleasure
Yet of knowing him.

To PROF. WILLIS P. KING.—

I pity the man who writes poetry, "see,"
And I hope my good sir that you'll pity me,
For I've been a writer for ten years or so
While trying to practice, and writing don't go.

I can make just enough to make ends meet,
I can prove it, sir, for my ears reach my feet;

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I can cut, and slash, and bleed, and such
But I can't cure disease with a simple touch.

But I love my pen, 'tis guide and stay
And whiles the long, weary hours away,
And I love it much, 'tis a versatile pen
It will write on anything, *hog* or *hen*.

Now, if of assistance I can be
Of arranging new work please write to me.

DR. A. E. BALDWIN, San Mateo, Cal.

TO DR. OHMANN-DUMESNIL.—

This poem on my desk so long has lain,
That to criticise now gives a deal of pain;
Though in all sorts of weather, wind or rain
I'm an *old quill pusher*,
But, to speak the truth and be quite plain
I am no gusher.

To be a poet, such as Dr. Baldwin,
One must be especially called in
Not to say, just *snatched* and *hauled* in,
To do the work
In any language man ever bawled in
*And he must not shirk.*

The *divine afflatus* gets him by the pants,
(Sometimes it throws him in a trance)
And his poetical ideas begin to prance
(This is quite clear),
And he will have—if not saved by chance
A mental diarrhea.

But, it seems to me that I am *fated*,
In things poetical to be *low rated*,
For, poetically, I'm *constipated*
In this hot weather
And my lines ne'er seem quite mated—
Won't get together.

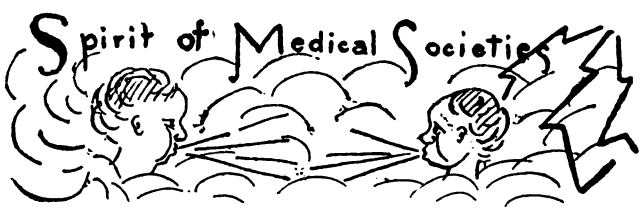
My muse now seems to have the phthisic
She's somewhat numb, quite analgesic,
Some day I'll give her a big physic
Far from inert
And as Dr. B. gets rid of his ache,
*I'll let it squirt.*

Truly, &c., KING

ENVOI.

Of poets a dearth there is, 'tis known;
With scribblers medicine's overflown.
Kind reader lightly pass the wrongs
Of our friends, for there are prongs
Mephistophelean, sure to prod
Such rhymesters as no fear of God
Or man prompts such as those above
To simulate good cheer and universal love.

THE PRINTER'S DEVIL.




**Congenital Syphilis.**—Dr. George R. Swasey read a paper before the Maine Medical Association on congenital syphilis (Boston *Med. and Surg. Jour.*). With reference to the influence of syphilis upon the development of the impregnated ovum emphasis was given to the view, that a fetus tainted from the father alone, could not infect the mother; and provided the mother were untainted at the time of conception, syphilis contracted by her during pregnancy could not be communicated to the child. The average period during which parents are likely to transmit syphilis to the offspring after infection was stated as ten years. If not presenting the symptoms at birth, the child rarely passes the fourth month without so doing.

**A Successful Laryngectomy.**—At a meeting of the Philadelphia County Medical Society, J. Solis-Cohen presented a patient, forty-four years old, from whom he had removed the larynx and the first ring of the trachea (*Ex.*). Nineteen years previously the man presented symptoms of laryngeal obstruction and a large papilloma was removed piecemeal by intra-laryngeal procedures. For ten years there was no indication of recurrence. Then the previous symptoms returned, and various modes of treatment were employed. For a year the symptoms had been aggravated. A growth occupied a large portion of the left side of the larynx, almost occluding its lumen. It had penetrated the walls of the larynx and projected externally. Precautionary tracheotomy was performed, and three or four weeks later a portion of the growth was removed by intra-laryngeal procedures. The external growth was subsequently excised, the larynx split, and all the internal growth removed. The case did well for four weeks, when recurrence took place, the neoplasm growing rapidly. Radical operation was now proposed and aquiesced in. The entire larynx and the first ring of the taachea were removed. The esophagus was left as nearly intact as possible. The patient made an uninterrupted recovery.

**Etiology of Epilepsy.**—At the late meeting of the American Neurological Association, Dr. C. A. Herter read a paper upon the etiology of idiopathic epilepsy (*Med. News*). The investigation was originally undertaken with a view to studying the relation of uric-acid excretion to the epileptic paroxysm. It would not be determined that the seizures of grand mal were determined by an excessive accumulation of uric acid in the blood. Some observations, however, of another kind, had suggested the possibility of a causal relationship, in

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some cases, between putrefactive processes in the intestines and epileptic seizures. Certain substances in the urine, namely, the ethereal sulphates, had been shown to be derived from putrefaction in the intestine and the extent to which such putrefaction occurred might be inferred from the quantity of these substances in the urine. Thirty one cases of epilepsy were thus studied. Twenty nine presented attacks of grand mal. In rare instances only, did the excretion of uric acid before the seizure vary from the limits of health. The urine passed after a seizure, however, generally presented a a higher uric-acid ratio than the urine before or about the time of the seizure. In cases of petit mal a continuously high uric-acid excretion had been observed and appeared in some way to be related to the cause of the seizures. Of the twenty-one cases of grand mal, twenty-one presented unmistakable evidence of excessive intestinal putrefaction. There appeared to be a general correspondence between the seizures and the degree of intestinal putrefaction as gauged by the analysis of the urine.

**A New Sign of Breech Presentation.**—Prof. Pinard, the eminent French obstetrician, calls attention to the fact that in breech presentations pressure on the fundus of the uterus gives rise to severe pain at the spot where cephalic balottement is perceived (*Hosp. Gaz.*). The pain may even occur independently of pressure, and it is attributed to the irregular distension of the upper part of the uterus by the fetal head. Upon these circumstances, when the uterine walls are greatly distended, as in dydramnios, the pain may be slight or altogether absent, the head not being in contact with the fundus. This characteristic symptom is reported to have been present in three-fourths of the cases of breech presentation, and when present it is absolutely pathognomonic.

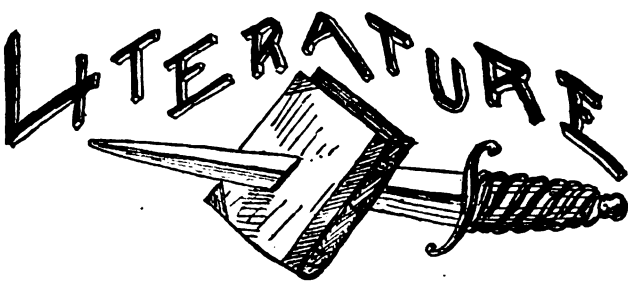
**Diphtheria.**—The following treatment of diphtheria in children is much advocated at present in Paris. The room is steamed with a solution as follows (*Medical Press*):

℞ Acid. carbolic., - - - - - ℥ij.
Acid. salicylic, - - - - ℥iv.
Acid. benzoic., - - - - - ℥iss.
Alcohol., - - - - - ℥iv.
M.

A tablespoonful is put into a quart of boiling water and renewed every three hours.

As a local application:

℞ Ca[illegible]hor., - - - - - - ℥v.
O[illegible]ini, - - - - - ℥iv.
Alcohol., - - - - - - ℥iij.
Acid. carbolic., - - - - ℥j.
Acid. tartaric., - - - - - ℈j.
M.




**The Transactions of the Second Annual Meeting of the Association of Military Surgeons of the National Guard of the United States.** Held at Memorial Hall, St. Louis Mc., on the 19th, 20th, and 21st of April, 1892. 8vo pp. 180. |St. Louis: Becktold & Co. 1892.

We have received a copy of the above transactions and the volume reflects credit upon the Association which it represents. The fact that the second meeting of this body should make such a splendid showing is proof of the earnestness of the men who compose the membership of the Association. The members are all representative surgeons and prominent physicians and added to this the large list of honorary members of the highest prominence in Army circles both foreign and native make the body as truly representative as it possibly could be.

The National Guard of this country is becoming an institution of no mean proportions and as the medical department is no inconsiderable factor, care has been taken in all the States to have only such medical men commissioned as are possessed of the best medical and social qualifications.

In the volume before us a number of most excellent papers are presented. The report of the entire meeting is very well written and reflects great credit upon the Secretary, Lieut. Colonel E. A. Chancellor, N. G. Mo. The volume, in addition to this, is very handsomely printed in clear type, on heavy paper. The binding is luxurious—beveled covers, upon the front one of which the badge of the Association is stamped in proper colors.

We can only express the hope that the good work so auspiciously inaugurated will be continued and that the efforts of the members to hold an international Congress of Military Surgeons at Chicago, in 1893, will be crowned with success.

**Dressings for Burns.**—Dr. J. T. Crow states (*Medical Record*) that he has lately used common *flour* burned in a stove-pan as a dressing for erysipelas, senile gangrene and burns, and is much pleased with it. It may be impregnated with iodoform, aristol, or other antiseptics. It is, of course, finely divided charcoal. In view of the fact this dressing is practically one of finely divided charcoal in a form which is mechanically non-irritating and is always at hand, the suggestion is not only a good one but practical as well.

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**It is Stated** that two lady students have commenced the study of medicine in the Otago (New Zealand) medical School. They attend the same classes and use the same dissecting room as the male students.

**A Case** is reported from Russia, in which a child of months presented marked symptoms of cabolic acid poisoning after spending half an hour in a room which had just been disinfected with a carbolic acid spray (2 per cent).

**Quinquaud** has confirmed Unna's statement as to the presence of a special microbe in soft chancre. It is a bacillus with rounded ends, and is generally arranged in chains. It is present in prodigious numbers in the lymphatics and intercellular spaces.

**The Travelers' Protective Association Sanitarium** will probably be located at Hot Springs, and should be, since this is a central point, with medium elevation, unexceptional atmosphere, a temperature never extreme, the finest drinking water on earth, the most widely celebrated hot springs in America, and a death rate of only seven in 1,000.

**The Rale Hole.**—Is not "Uncle Sam" ashamed of his Free Bath House, alias "Mud Hole" alias "Rale Hole?" asks the Hot Springs *Medical Journal*. No? Then, is it because "Uncle Sam" has only viewed it from the outside (and it is indeed a handsome piece of architecture), and has never stuck the temple of his olfactories beyond the threshold of the cooling room; we held our breath, and went a little further than this, and at a glance, saw that "Uncle Sams's" servants are afraid evidently, to go in the seething lake and pull the string to the ventilator.

**Bob Sawyer's** story of the child who swallowed the beads, has been outdone by one related last week by Mr. Thomas, the house-surgeon to the Cardiff Infirmary. A boy, aged sixteen, was admitted in November, 1891, having swallowed 53 marbles, including "agates" and other sportive primers, of which he had been unable to dispose. The epigastrium felt like "a thick bag full of small cobbles," and when the boy was inverted and shaken "the rattling as of a receding wave on a shingly beach could be heard for miles—beg pardon, yards, around." It is reassuring to learn that the marbles ultimately passed single file along the intestines without causing any ill effects beyond temporary discomfort.

**Seventy-Five Per Cent** of the Russian Hebrews arriving at the Barge office, New York, have either single or double rupture.

**Opium and Insanity.**—Statistics collected by Dr. Crombie from the asylums of Lower Bengal, for the ten years 1881-1890, show that of 2,202 patients admitted 641, or 29.1 per cent were gunja smokers, 117, or 5.3 per cent spirit drinkers, and 8, or 0.36 per cent opium eaters. Figures from the asylums of the Bombay Presidency give similar results as regards the small proportion of opium eaters among those who became insane.

**Returning Thanks.**—According to the *Hospital Gazette*, Mr. Peel, the Speaker of the House of Commons, at the luncheon following the opening of the new wing of the Warneford Hospital, Leamington, on Saturday last, related the following story which was told him some years ago by one of the greatest surgeons in London now deceased. One night it was the duty of the surgeon referred to to be on guard, so to speak, at one of the great London hospitals, to watch for casualities that might come in during the night. A man was brought into the hospital who had fallen from the top of an omnibus while in drink, and broken his thigh in two places. He had his leg cut off under anesthetics. The man was put to bed, and the surgeon went to him, and as he smoothed the sheets of the bed, he said, "Well, my good man, you have had a bad accident, and we have had to take off your leg." The man looked at him, and his face beamed with gratitude, and in his rough way, he said, "Have you, Sir; what can I stand you to drink?" It was the only way that that poor man had of expressing his gratitude to the great surgeon, and there was something touching in the simplicity of the expression.

**Against Worms in the Teeth.**—The following curiosity may be found in "Breeding of Worms in the Human Bodies," by Nicholas Andy, M.D., London, 1701: "The best remedy against Worms in the Teeth is to wash them every Morning and after Meales, and if there be any Crusts upon the Teeth, to take them away either with an Iron or else with some Drops of Spirits of Salt in a little Water. The Root of Plaintain chaw'd is a good remedy. Some authors advise the burning the Seed of Henbane, and conveying the Smoak into the Teeth, by which means you shall see Worms come out of the Mouth, which the Smoak carries away with it into the Air. But this is a meer Fable. Forestus says, that these pretended Worms are no more than an Appearance of Worms, which is always seen in the Smoak of Henbane seed. I was desirous to make a Tryal, but I could never see that Appearance of Worms. Forestus without doubt related this Matter of Fact before he made Tryal; but that which surprizes me is, that another Author should assure us he had made Tryal, and that he had really seen these Appearances of Worms."

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**The Mother's Nursery Guide** is the name under which the magazine, hitherto known as *Babyhood*, appears.

**An Egg** is indigestible if boiled until the albumen is solidly coagulated. It is quite easy of digestion if eaten raw, soft boiled, or boiled several hours until it becomes mealy. The ordinary hard boiled egg is usually swallowed in lumps which expose but little of their surface to the action of the gastric juice. Hence, its digestion is very slow, indeed.

**Tooth in the Ear.**—We learn from the daily press that Veterinary Surgeon F. W. Howard, of Nevada, Mo., extracted a molar tooth from the ear of a colt in that city. This is one of the rarest cases on record, but one similar case being known to veterinarians as having been encountered in this country. In that instance the tooth was extracted from a horse's hoof. The colt is well developed and in fine health, and stood the operation well.

**Malpractice Suits.**—At Albia, Iowa, the coming term of District Court promises to be attractive and instructive. A few months ago Dr. Abegg was mulcted for a neat sum of money for malpractice in restoring a fractured limb, and four similar cases have been brought for the coming term. Mr. Demars sues Dr. Bartram for $7,000 for malpractice, Wm. McKinley wants $10,000 from Dr. Riordan, and Sam Hayes entered suit against Dr. Starr for $3,000. Another $10,000 damage case will be filed soon.

**Precautions Against Cholera.**—As a precautionary measure against the introduction of cholera, the Secretary of the Treasury has directed Collectors of Customs along the Atlantic seabord to prohibit the landing of emigrants from France.

Dr. C. O. Probst, Secretary of the Ohio Board of Health, is preparing a circular to send to all local boards of health in the State giving instructions as to the best method of preventing and curing cholera. "I don't want to be considered an alarmist," said he recently, "but I think it quite probable that cholera will reach the United States this year."

**The Unlicensed.**—The imposter VanDoren, whose case was before the Supreme Court of North Carolina for violation of the law in Plymouth only a few months since, is again trying his arts and violating the law—slipping into towns and selling out his nostrums and disappearing before his presence is known to the authorities. A negro who was convicted of practicing medicine without a license was fined $25 for the offense, in the Wilmington Criminal Court, but failing to pay the fine was sentenced to six months in the House of Correction. The *North Carolina Medical Journal* adds: We have hope yet that the law will reach higher game than this.

**Small-Pox.**—On account of the prevalence of small pox in various places upon the Ohio River and Great Lakes the surgeon-general of the Marine Hospital Service has given orders to his surgeons of the service in these districts to visit vessels and vaccinate the crews, and in other ways to promote vaccination.

**Cholera Riots In Russia.**—The ignorant population of Astrakhan, believing that the sanitary measures taken to prevent the spread of cholera were unnecessary, that the sick were put in the hospitals without cause, and that many were buried alive, set fire to the hospitals, after removing the sick, and then attacked the governor's house, when they were checked by a military detachment.

**Keeley Scored.**—The following are the comments of the editor of the *British Medical Journal* in a letter sent to that publication by Dr. Keeley: It is obvious that so long as the proprietor of this alleged "cure" treats the whole matter as a commercial speculation, and withholds the constitution of his alleged remedies, no very profitable discussion can take place on the subject in our pages. It is a proceeding which is altogether opposed to the instinct and traditions of regular medical practice. We have, perhaps, taken undue notice of the pretensions of our correspondent, but, in view of the factitious support which was at one time in prospect, and of the possibility held out that the present occasion would be taken by the proprietor for proceeding in a regular manner, according to medical tradition, by attending the Society for the Study of Inebriety and making known his method, we were induced to afford an opportunity for discussion on that basis.

**Keep It Up.**—This journal is pleased to note that in the reconstruction of the several bath houses here under government supervision, the sanitary feature is the prevailing one (Hot Springs *Medical Journal*). This is as it should be. Proper ventilation is one of the most important features of a bath house. Without dictating, or even suggesting how or by what process the ventilation should be made, suffice it to say that there are many, both architectural and mechanical, devices which will accomplish the desired end. In the first place, the bath room proper should have a temperature of about blood heat, the air should at no time become or even murky with vapor, for in this condition, the vapor in the air becomes a vehicle, yea, a veritable omnibus in the transmission of microbes and other means of inoculation. Not alone for the sanitary condition should this principle be observed, but the very great discomfort and oppression which a number of our visitors experience who have weak lungs, or even weak stomachs, cause them to quit the baths and refuse to take them.

We will have more to say from month to month about the arrangement and management of the bath houses.

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**Overcrowding in the Profession** evidently does not exist everywhere if we are to judge from some advertisements we have lately seen, in which an invitation is extended for some physician to locate.

**Human Milk** has been found to harbor micro-organisms. At least, so it would appear from the claims of Drs. Cohn and Neumann, who state that they have found the staphylococcus pyogenes albus. It is probably of external origin.

**Christian Science** and its humbuggery is shown up in a pleasant and withal sarcastic manner in the *National Popular Review*. A tale of ancient medicine is told wherein we are introduced to Melampus the Wise and how the heirless King was made a happy father. We would recommend our readers to subscribe to the *Review* as it contains much entertaining, instructive, and amusing matter of a high literary merit.

**The Orissa Twins.**—Two little Uriah girls, about 4 years of age, joined together somewhat after the manner of the famous Siamese twins, have recently been brought to Calcutta from the Angul district in Orissa with a view to exhibition at the World's Fair in Chicago. A solid piece of bone unites the two bodies at the chest, but they are in every other respect two separate beings. They stand as if leaning on each other, and walk in a peculiar manner. Both feel hungry simultaneously, and fall asleep together. They are described as pretty little things, of a merry disposition, and so much alike that it is difficult to tell one from the other. Their parents were very poor, and were shunned by their fellow villagers till the enterprising showman found them out, and proved that that there was "money in them."

**The Brain of Men and Women.**—We find the following story, which we venture to commend to the attention of Sir James Crichton-Browne, in a German paper. The late Prof. L. Bischoff, the distinguished physiologist of Munich, was, it appears, fond of insisting on the intellectual inferiority of women to men, a fact which he attributed to the relative lightness of the female as compared with the male brain. As the result of laborious research, he had found that while the average weight of a man's brain is 1,350 grammes, a woman's only weighs 1,250 grammes. The fair sex must have felt itself amply avenged when on the ungallant professor's death his brain was found to weigh only 1,245 grammes. The ladies will probably say that this is only what might have been expected, and there is a poetical justice about the denouement which makes one wish that the story may be true. The moral of the affair seems to be that men of science who deny the intellectual equality of the sexes on the score of relative weight of brains, should leave strict injunctions that their own brains are not to be examined after their death.

**Typhus Fever.**—Several cases of typhus fever have been discovered recently on vessels arriving at New York, and some additional cases have developed among recently landed immigrants.

**Carlill vs. The Carbolic Smoke Ball Company.**—This interesting trial, which has recently been had in England, appears to establish the liability in that country of a patent medicine company which offers a prize for failure to cure. The defendant company advertised a guarantee of one hundred pounds to any one who should be attacked by influenza while using the "carbolic smoke ball." The plaintiff used it according to directions, but suffered nevertheless from the epidemic, and in consequence brought suit to recover the guarantee. In spite of the defence, which consisted of technical objections, the company was obliged to make good its promises.

**An Eclectic Boycott.**—In view of the fact that insurance companies will not have eclectic physicians for medical examiners, the members of the Illinois State Eclectic Medical Society adopted the following resolu at its last annual meeting: *Resolved*, That the eclectic physicians of the State of Illinois, in convention assembled at Springfield, Ill., this nineteenth day of May, 1892, do vigorously protest against such unjust discrimination, and that we mutually pledge ourselves to not insure in companies who make such discrimination, and furthermore that every eclectic physician use all honorable means to prevent his friende and acquaintances from insuring in such companies if such restrictions are not removed. Similar resolutions were adopted by the "National" and severa lother State societies, thus demonstrating that eclectics have at last determined to resent the injustice (?) of the discrimination.

**New Institution for the Care of Inebriate Women.**—A great step in advance has been made in the matter of the care of inebriates in New York State by the passage of a law at the last session of the Legislature (*Ex.*). The advantage of this act is the power it gives to commit women who are confirmed drunkards, or who are addicted to the excessive use of any narcotic drug, to this new institution for a long period of time, for a year, with the privilege of renewals of the term of confinement.

The Episcopal Sisterhood of St. Mary has undertaken this new work, and St. Saviour's Sanitarium is now ready to receive patints. It is especially for the benefit of women of the better class, and the charges range up to fifty dollars a week; but in unusual cases—that is, of women of superior education and culture suffering from inebriety—the subjects will not be debarred from the benefits of this sanitarium because of lack of means.

The new institution is situated on Inwood Heights, in the northern part of New York city, overlooking the Hudson River and the surrounding country.

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**Thiol** is recommended for constipation. A pill of a grain and a half is given daily for ten days.

**Dr. C. V. Jennings**, of St. Joseph, Mo., died suddenly July 26, from the effects of the heat.

**The San Francisco Polyclinic** will probably not inangurate its regular post-graduate course until June, 1893. It has lately been made a branch of the University of California.

**Dr. Charles C. Johnson,** one of the leading colored physicians of New York, died during the past week. He was born in Lynchburg, Va., on August 4, 1859, and began the practice of medicine in that city in 1889.

**Dr. James H. McMillan,** a promising young physician of St. Louis died July 25, after a short illness. He had appendicitis for which a laparotomy was performed, but he did not rally sufficiently to recover. His remains were sent to Pennsyvania for interment.

**Four at a Birth.**—A Philadelphia woman recently went to visit a frind, and there gave birth to four girls. The press despatch which conveyed the information also states that the father, who was breakfasting at the time, became greatly excited when the news was broken to him.

**Alumni of the Medical College of South Carolina (Charleston)** have organized an association, and will establish and equip a laboratory of biology and pathology. Dr. Eugene Wasden, of the Marine Hospital Service, is President, and Dr. C. B. Calson, of Charleston, is Secretary and Treasurer.

**Dr. C. C. Terry,** of Fall River, died in that city on July 18, from a wound received in fencing. The button on his adversary's foil broke and the weapon pierced his eye and entered the brain. He almost immediately lost consciousness, and died in about three hours. Dr. Terry was a graduate of the Harvard Medical School, and was fifty-five years of age.

**A Word from Missouri** appears in the *Times and Register* as follows: The following curiosity was received through the mail. It is given exactly as the original:

DEAR SIR:—I have what the Dr here *pernunst acornatid ulcor* on one eye for over a year which bothers me verey much at times. It Dont be sore onely while the fever and enfermachin be in it. by using som medison once a Day & which I drop in the eye for a week the enfermashion leves. then the eye is all right for som time onely the white spick staes on the site which I can not see thrue onely verey littel. I have no money onely as I aren it by the mount

Ples rite and let me know what you can Doo.

I remane respcfuley yours D. O'C.

"MISSOURI."

**Dr. Wm. M. Lawrence,** of Batesville, Ark. ex-president of the Arkansas State Medical Society, recently died. He was very popular in his section and his loss has been universally deplored.

**Dr. J. H. Mackay,** the enterprising editor of the *Medical and Surgicul Record*, kindly presents his readers with a photo-engraving of himself in the July number of that journal. Being a homeopath, he should certainly have limited himself to very small doses of the picture, so as not to overcome his readers.

**Too Kind.**—The following ad. appears in one of our exchanges:

*This cut* is that of ——, of ——. He has discovered nature's own law that governs the sex so as to have either male or female at will. He is thoroughly prepared to prove this can be done by this method. The price paid for it is returned to any doctor who does not find it a new method, practical, plausible, scientific, and information he is willing to impart.

We only wonder at one thing: Why he does not go in the cattle business and make millions, instead of trying to get a few paltry dollars from a small number of gullible doctors.

**An Ossified Girl** has been unearthed in Kansas City, Mo. The girl is Rose Lee Clemons, 18 years of age and daughter of Thomas Clemons, a farmer of Paul's Valley, I. T. She was born in Tulare County, California, and at birth weighed only one pound, but was well formed. Since then her development has been slow. She is now 4 feet tall and weighs 28 pounds. She has not a bit of flesh, her skin being drawn closely over the bony framework of her body. She cannot talk because of a malformation of the tongue, but understands what is said to her and answers by signs. She has never been at all ill and eats heartily. Her head is well formed and she has bright brown eyes.

**The Homeopaths Too!**—It appears that not only the eclectics, but the homeopaths as well, have taken umbrage at the fact that insurance companies prefer regulars as examiners, as witness the following (*Med. and Surg. Rec.*): In a future issue we will give a list of those companies who do not and those who do discriminate against homeopaths in appointing medical examiners. Our societies and journals are taking up the matter, and already the results are apparent in the appointment here and there of a homeopath as examiner by those companies who employed only regulars a few months or years ago. One prominent company has a homeopath as medical director, and a majority of the prominent companies now reeognize the influence of homeopaths. Two-thirds of the companies now appoint homeopaths. We only ask for a share of the business, and we believe all companies will soon see that it is to their interests to recognize us. Meanwhile, let us throw our business to those companies who are friendly to us or who do not discriminate against us.

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**Dr. F. R. Sturgis,** of New York, says that al bumen in the urine does not necessarily signify any renal disease.

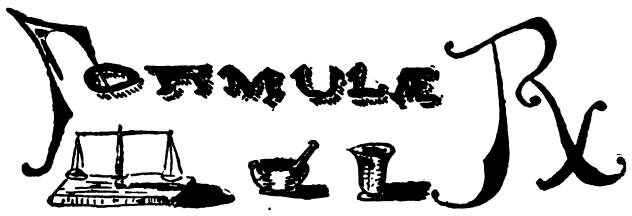
**Substitution.**—Substitution is an evil which should be guarded against; it is an evil which must be eradicated, or the entire medical structure will collapse (*Ex.*). It is a duty we owe to ourselves and to our patients to look after this unnatural condition of affairs in which we are so vitally interested, and the time is near at hand when a systematic effort must be made with a view to accomplish the desired end.

**Cholera Infantum.**—In all cases of Cholera Infantum and summer complaints of children physicians will find a most valuable aid in Horlick's Malted Milk. This infant food is meeting with a very deserved success, being in general use all over the country by physicians and in most of the large asylums and hospitals for children and giving uniform good result. It is frequently retained and assimilated in difficult cases where all other forms of nourishment are rejected. It contains no starch and will not coagulate in the stomach like raw milk.

**Cholera in Europe.**—Cholera once more threatens Europe says an exchange. According to well-credited accounts it has invaded European Russia, but its presence elsewhere on the Continent has not been verified. While there is apprehension in this country lest the march of this scourge may continue westward, it can hardly be said that the United States is menaced so long as European commercial ports remain free from the disease. Nevertheless, it is the part of prudence to look to our defenses and to make every preparation to guard against this insidious enemy.

**Gratitude in Excelsis.**—Midy, the well known Parisian pharmacist who manufactures the equally well known Santal-Midy capsules was recently the recipient of a letter from a venerable East Indian who contracted a running of pus from his urethra which he attributed to a continued use of papaya which grow in abundance in his garden, and "in wearing clothes which his washerman had unwittingly brought in contagious contact with the clothes of one of his other employers, who had been suffering from the malady." Midy's capsules cured him promptly which leads him to exclaim: "My dear Dr. Midy, you deserve not only individual thanks, but a national monument,—and nothing less, for no philanthopist has a better claim to live in brass or marble than one who allays human sufferings in such a sure, such an expeditious manner. Grateful Britain raised one to Jeuner. Appreciative France should award one to Midy!"

Whatever may be thought of the sentiments of the write, the method he suggests of acquiring his trouble is at least original, if nothing else, and his case must have been a severe one to judge from his gratefulness.




**Hepatic Colic,** with vomiting is treated by Lemaine with a teaspoonful of the following every fifteen minutes (*Ex.*):

℞ Chloroform,
Tinct. myrrh, - - - aa ♏xv.
Mucil. acac, - - - - - ʒij.
Syrupi, - - - - - ʒiijss.
M.

**For Tinea Versicolor.**—Hartzell recommends the following (*Med. News*):

℞ Acid salicylic, - - - - - gr.xv.
Sulphuris precip., - - - - - ʒj.
Lanolin,
Vaselin, - - - - - aa ʒiijss.
M. Et. ft. ung.
Sig. Apply topically.

**Respiratory Difficulties** of nasal origin in children one year old, Lubert-Baron (Kansas *Med. Cat.*):

℞ Boric acid, - - - - - part, 1.
White vaseline, - - - parts, 5.
M.
Dip a brush in the mixture and introduce well into the nostril.

**Anesthetic Salve for Hemorrhoids.**—The following is given in *Med. Chir. Centralbl*:

℞ Cocaini muriat., - - - gr.iij.
Morphiæ sulphat., - - gr.ixss.
Atropin sulphat., - - - gr.iij.
Tannin, - - - - - gr.iijss.
Vaselini, - - - - - ʒv.
M.
Sig. Apply after each evacuation of the bowels.

**Oxyurus.**—The following enemata are recommended for seat-worms in *l' Union Medicale*:

℞ Aquæ calcis, - - - - - ʒv.
Liq. ferri perchloridi, - - gtt. x.
M.
Sig. Inject this quantity morning and evening.

℞ Quassiæ amaræ, - - - gr.xlv.
Aquæ destillat, - - - - - ʒv.
M.
Macerate for 24 hours and filter. For one injection.

℞ Ol. morrhuæ, - - - - - ʒv.
Vitelli ovi., - - - - - No. j.
Aquæ, - - - - - - ʒv.
M. ft. enulsio.
Sig. Use at one injection.

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**I Hear** that vaccination is getting into disrepute. That is a mistake, for it takes as well as ever.

**Will** a patient who takes preparations of iron come to have an iron constitution?

**Will** preparations of hydrarg. contribute materially to the formation of a mercurial nature?

**She.**—What's in that bottle?
He.—Glycerinum pepticum.
She.—Don't swear so, Charlie.

**Sympathizing Friend.**—You'd better try the faith cure. It's a wonderful thing.
Sick Man.—How much is it a bottle?

**Brudder Smif** (before using the unequalled).—Dis am for damdruff on de head.
Ditto (after using).—Ki yi! Dis am d—d rough on de head!

**Humorist.**—I've struck a new joke at last!
Editor (brightly).—Have you indeed?
Humorist.—Yes, it's about a man who went to buy a porous plaster, and—
Editor.—! ! ! ! !

**The Prescription.**—Young Wife.—George, dear, I want some money.
George.—Why, I gave you a check yesterday.
Young Wife.—Yes, dear, but the doctor said I was to have plenty of change.

**Snooks.**—I like Miss Fluff. What a fine head of hair she has.
Brooks.—So I observed.
Snooks.—And I am sure it is all her own.
Brooks.—Sure again. You are without doubt a victim of capillary attraction.

**Teacher.**—Class in physiology, stand up. Bodkins, how do you distinguish organic from inorganic matter?
Bodkins (glibly, having committed the answer to memory).—In the organic world every individual springs from some parent, while inorganic substances are formed by chemical laws.
Teacher.—Very good. Give an example of an inorganic substance.
Bodkins (usually slow at these things, but for once inspired).—An orphan.

**Dr. Rhett Goode** of Mobile, Ala., has been appointed chief surgeon of the Mobile & Ohio railway and left in a special car at once for St. Louis, to organize a medical corps from the physicians resident along the line of the road.

**The Illinois Central** is reported to be negotiating for the possession of the Newport News & Mississippi Valley road, which would give it an arm extending from Memphis northeast to Louisville, nearly 400 miles. The road would seem to be a natural acquisition for the Louisville and Nashville, which it parallels, but that company is apparently not in a financial condition to make any extensions.

**Dr. C. H. Merz,** of Sandusky, Ohio, deserves great credit and the support of every surgeon on the Lake Shore & Michigan Southern railway for his energetic efforts in endeavoring to organize a surgical association on the road. We learn that very encouraging replies are being received by the doctor, and we hope that his efforts will be successful. It is proposed to hold a meeting at Toledo as soon as practicable after all responses are in.

**St. John's Ambulance Association.**—According to the *Car Journal* an organization of very extended influence in Europe is the St. John's ambulance association, the object of which is to give instruction in the art of rendering first aid to the injured. Its existence and its relation to railroad men, recurred to us on reading the proceeding of the annual convention of the National Association of Railway Surgeons. The operations of the St. John's association are of a marvelously extended character; and, though the efforts of its promoters are not confined to any class, there is scarcely a railroad center where a dozen employes can be brought together that has not its one or more ambulance classes. The members of these classes are taken from all ranks of the service, from brakeman to traffic manager, and are carefully instructed and drilled in the elementary knowledge of physiology and surgery, which is so valuable upon the occurrence of an accident when no surgeon is at hand and no hospital within a reasonable distance. The ability to stop a bleeding artery, to temporarily set a fractured bone, or to understand how to "fix" an injured person so as to permit his removal from the scene of the accident, are valuable acquisitions, and employes should be encouraged to learn them. Our British correspondent will, in our next issue, give our readers some information as to the workings of the Ambulance Association.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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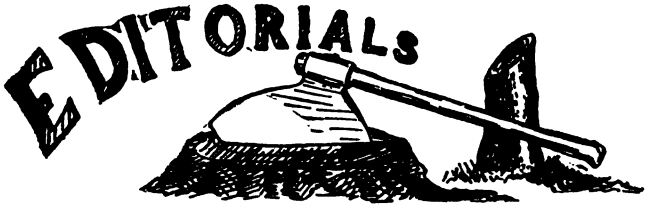


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Brutality in the Profession.

We do not wish to appear in the light of one continu ally finding faults, but there exist certain defects in the medical profession which should certainly be corrected. Some are trivial, it is true, but there are others again which are of so glaring a nature that they require more than a passing notice. We propose to speak, on this occasion, upon a trait exhibited by a few—we trust it is a very few—members of the medical profession. Brutality in any form is despicable, but it is doubly so when exhibited by an individual who is presumably a liberally educated professional man. We may condone the fault, to some extent, when we find it displayed by an ignorant carter, for his environments have been and are such as to lead us to expect no better. He looks upon an exhibition of brutality as a prerogative of his strength. The coal miner who kicks his wife into unconsciousness may regard his action in the light of a mild but salutary punishment and yet enlightened people are inclined to look upon it as an exhibition of brutality of the most depraved kind. We are all horrified at the exquisite horrors which are inflicted by the Chinese methods of torture as well as those formerly popular with the tribes of North American Indians. They are justly looked upon as examples of savagery which should be completely suppressed and eradicated as far as is possible.

Yet, in the face of these facts, we are daily confronted with various types of brutality manifested by members of the medical profession, which should, to a large extent, partake of a sacerdotal character. When we speak of its existence it is no mere supposition but we are, unfortunately, able to base our assertions upon facts. If we will but look at the clinics both in this country and abroad it is not a rare thing to find patients treated as if they were not only unwelcome, but the proper objects upon which to wreak ill-humor and spite. Venereal patients, it is notoriously known, are treated as if they were criminals instead of unfortunates. In insane asylums brutality seems to be sanctioned by the physicians in charge. Of course, this is not the case in every institution of the kind, but the cases are numerous enough to call attention to this deplorable state of affairs. We have time and again been regaled with authentic accounts of insane patients being beaten, kicked, cuffed and otherwise maltreated when they were in a helpless state of imbecility or physical weakness. It cannot be urged that this was done by attendants, for it was proven that the physicians in charge were fully cognizant of this state of affairs. It was simply a return to the method whose abolishment made the name of Pinel so famous as a true alienist and humanitarian. As a further example of a similar case in point we may quote the following item which recently appeared:

"Dr. Wiederhold, physician and proprietor of the sanitarium for nervous diseases in Castel, Germany, is sentenced to three months in the penitentiary.

"Said physician mistreated a hysterical lady, the wife of a prominent man, who was under his care. The defendant said, he used this method only for a cure of his patient, and mentioned a few cases where he had success with this peculiar treatment. But the jury and the judge could not make up their minds to acknowledge this new kind of treatment, and so he was found guilty of malpractice."

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The sentence of three months at hard labor will be recognized as an eminently just one by every right-

minded person. A physician certainly has no right to resort to such heroic measures unless all other means fail and even then not until competent medical men, who have been called in, recommend the measure. Without such precautions it is simply an exhibition of brutality.

Even the above conduct of the German physician could be excused upon the plea that he was dealing with a trouble which frequently requires means of a decidedly radical character. It might be further urged in extenuation that hysterical women often prove so refractory as to try the patience of a saint. We might condone the offense of the physician but what can be said in favor of the surgeons who lately countenanced one of the most brutal deeds that have besmirched the pages of American history in these late years. What excuse can be brought forth for men who would deliberately stand by and see a fellow-being tortured? The incidents are still so fresh in the minds of our readers that we need merely sketch them over to recall the entire occurrence to their minds.

During the month of July a number of the National Guard of the State of Pennsylvania were sent to Homestead to guard the Carnegie Steel Works. On July 23, Mr. Frick, the President and Manager of the Works, was attacked and wounded by an anarchist, who was evidently demented. The rest of the story is best told by the following telegram from the Associated Press, and printed in the daily papers:

HOMESTEAD, Pa., July 24.—Private Iams, of Co. K., Tenth Regiment, to-day, when the news of the attempted assassination of Mr. Frick reached the provisional brigade, shouted for three cheers for the assassin. Colonel Streetor heard the incendiary shout. He hurried into the camp and ordered the regiment to be paraded in double-quick time. When his command was drawn up he recited to the soldiers the remark he had heard. "I heard the voice distinctly," the Colonel said. "I think I recognized it and I want the man who made the statement to advance two paces." The Colonel had recognized Iams' voice, and he was standing directly in front of the accused when he was talking. Immediately Private Iams stepped to the front. He was trembling like an aspen and he seemed unable to hold his gun.

"You offered three cheers for the killing of Mr. Frick, did you not?" the Colonel asked.

Iams did not answer. He hung his head and nodded in the affirmative. He was ordered to the guardhouse. The Colonel and his staff, including the Surgeons, then went to the guardhouse. The officer of the day took charge of the criminal and at the Colonel's orders he was hung up by the thumbs for thirty minutes. The surgeons remained with the unfortunate man during his punishment; one of them kept watch on his pulse while another looked after his heart, and at the end of thirty minutes Surgeon Neff ordered him taken down. *When released young Iams was limp and apparently unconscious.* The surgeons remained with him for an hour, when he was taken to his quarters.

The severity of Iams' punishment was due to his refusal to take back or apologize for the expression. Today one side of his head was shaved and the buttons cut from his uniform, of which he was then stripped. He was given a suit of cast-off plain clothing, part being a pair of overalls, and was at once drummed out of camp. The proceedings were approved by General Snowden. Young Iams lives at Waynesburg.

Such is the story which is told. Eminent legal authority claim that the punishment was not only uncalled for, but unjustifiable and illegal. We have nothing to do with this phase of the question. Whether legal or otherwise the surgeons had no moral right to act in the position of *participes criminis* in a torture whose equal can only be found in the annals of the Inquisition. The medical officers of the Tenth Regiment Pennsylvania National Guard, as furnished by official report, are Surgeon Geo. W. Neff, of Masontown; Assistant Surgeon, William Simpson Grim, of Beaver Falls, and Assistant, John Thompson Ullom, of Waynesburg. These are the men who degraded their profession to the extent of not only countenancing such an infamous act, but of watching the miserable victim with the glee of a fiend to see how much torture he could bear. They felt his pulse and watched his heart until he was limp and apparently unconscious. They did not have the manhood, much less humanity, to protest with the brutal Colonel against such unheard-of punishment. These are the men to whom delicate women and puny children are to be confided! These are the kind, ministering angels who are to smooth the pillows of the afflicted and assuage the pains of the diseased.

We have more respect for the American Indian after this. The Chinese torture as a custom can no longer be revolting. These people have been educated to their peculiar methods and only employ them on their enemies or on criminals of the deepest dye. The medical officers of the 10th Regiment Penn. N. G., watch a fellow man and citizen suffering the tortures of the damned to please a Colonel who should be relegated to a position where he could be watched by the Humane Society.

In whatever light this outrage is looked upon there is no excuse for it. But the greatest dishonor, the greatest obloquy and shame is surely deserved by the self-styled physicians who could so degrade, so besmirch their profession as to drag it in the mire as they have done in the case of Private Iams. The incident will remain a lasting monument to the disgrace of medicine, more especially of American medicine, and it will take much to wipe out the stain which has thus been placed upon a large, honorable, and humane body of men.

**Small-Pox** has always been a dreaded disease and prompt notification of cases is much desired by local

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and State Boards of Health. According to the Tennessee State Board of Health *Bulletin*, the Secretary of the North Carolina State Board of Health, has recently stated that "there are many physcians in North Carolina who have been practicing twenty-five years who have naver seen a case of small-pox." The same statement will doubtless hold good in Tennessee. Hundreds of young physicians annually enter the field as practitioners who, while students, had no opportunity of investigating the disease. Hence the liability to error in diagnosis when perchance a case is at hand. Hence, also, the very important practical rule of keeping on the safe side in diagnosis. It will do no harm if a case of chicken-pox or measles is pronounced small-pox and cared for occasionally. The contrary error has not unfrequently caused much damage.

**Apologies** are always appreciated and the following from the Maryland *Medical Journal* to the State Board of Health of the same State has no doubt been read with unmixed pleasure by the gentlemen composing said Board: In response to this correction we would state that we apologize to the Board for suggesting that it had any duties of an aggressive sort. We now, on a recond reading of the Law, perceive that the Board is not empowered to act in any sense as a vigilance committee for the "spotting of suspicious characters." Its duty is simply that of propounding questions, passing upon examination papers, and issuing licenses.

We might wish that it had also the right to summon new-comers in the field of medicine before it, as this would remove to an official body the task of instigating proceedings against persons supposed to be practising illegally—a task which must now devolve on individual practitioners, unless the medical societies or the public came forward in the matter. At present we believe that in Baltimore those citizens or associations of citizens who have undertaken to secure the enforcement of the liquor laws and kindred laws are very much discouraged at the little success which has attended their efforts. If we are wrong in predicting a like issue in prosecutions here under the medical law, we would be glad to be taught the reason for the difference.

**Identification** is demanded by the *Southern Practitioner*, of Nashville, in no measured terms as may be judged from the following:

Our local contemporary in its leading editorial anent the Detroit meeting of the American Medical Association, has the following:

"Dr. Potter is an able and well-known physician, whose ability is fully recognized by everyone; but if he or any other member has gone wrong, he should be made to see the error of his ways. It is a pity that some of our local societies do not imitate this action of the National Association. If they did, we know of several prominent members of the profession living within a stone's throw of us who openly consort with homeopathists whose heads would have to fall."

Shades of the illustrious Bowling! Can it be possible that from the editorial tripod originated, developed and made eminent by his trenchant pen, such an inuendo could emanate?

If any of our local societies are infested by such a black sheep, and any member is cognizant thereof, is it not an incumbent duty to prefer charges in the usual manner, and with a proper spirit of true manhood meet him on the floor of the local society and say "Thou art the man"? Aye, and prove it.

This scurrilous method of inuendo, decapitating in the dark "the Lord knows who," is not quite in keeping with the times upon which our elder contemporary was founded, or the measures and methods that gave it the standing it formerly occupied, to say nothing of the spirit of true manhood and high professional honor that should be a part and parcel of us all.

**Medical Legislation** is the title of a paper by Dr. Perry H. Millard (*Medical News*) which can be summarized as follows:

1. The regulation of medical practice and medical education is constitutional, and the demands thereof imperative. Secondly, a distinct line of demarcation should exist between the so-called licensing power and the regulation of medical education. Thirdly, the licensing power should include in every State the following essentials:

*a.* The evidence of the candidate's fitness to practise medicine should be established by his undergoing an examination upon all the important branches of medicine.

*b.* There is absolutely no necessity for a series of questions that conflict with the views of the various so-called schools of practice.

*c.* Power should be granted to revoke or refuse license for unprofessional or dishonorable conduct.

*d.* The exercise of this power on the part of the different boards should only be resorted to in palpably flagrant cases.

*e.* The public interest will be best subserved by so-called mixed boards.

*f.* The power vested is best executed by the State Sanitary Police, or rather the different State Boards of Health.

*g.* The duties of the act belong to that department of law known as the State Police Power; the appointing power should be vested in the Governor.

*h.* Appointees should be men of recognized ability and standing in the various communities.

4. I am satisfied that the influences of efficient medical legislation will have a most salutary effect upon the character of instruction afforded students of medicine in this country, and that the faculties of the various colleges in the future will not be so notoriously lax in regard to the conferring of degrees.

5. It is likewise essential that medical education should be restricted or regulated in the various States, and, in my opinion, there should be created a central authority, consisting of a Bureau of Education; this

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bureau should have the power to refuse or revoke charters, and should exercise a restrictive influence as to the character of education conferred, and the authority should apply particularly to special schools of education, such as law and medicine.

6. This bureau should establish regulations pertaining to the granting of charters to medical colleges. Charters should not be granted unless all necessary laboratories are thoroughly equipped; unless facilities for clinical instruction are unquestioned, and unless applicants for charters should satisfy the bureau of their undoubted ability to support the institution financially, without being dependent upon the fees of the students for its sustenance.

**Attention** when paid to trifles magnifies them and gives them undue porportions. The prize of $100 recently offered by Dr. Geo. Gould for the best essay on the ridiculous pretensions of modern homeopathy leads our homeopathic cotemporary, the *Medical Era*, to exclaim:

We shall be very much interested to see this prize essay that is to be used for the purpose annihilating homeopathy among the laity. It will, doubtless, make a profound impression—on the old paper man. In the rag market it will bring about a third of a cent per pound.

And that is all that it will do. For almost a century the old-school has been trying to convince the people that homeopathy is a fraud, a delusion and a snare. They have accused homeopathy of every crime in the calendar, and launched at it enough diatribes to sink a ship. In spite of all this, homeopathy has grown and flourished, and is to-day, in this country, the favorite method of treatment selected by the most intelligent class of people.

Maybe so!

**The Four Years' Course** is, theoretically, the best when compared with shorter terms; but, as the *Medical News* says, at first sight, the movement seems worthy of enthusiastic encouragement. On further reflection, however, the thought occurs that perhaps the result aimed at can be more effectively accomplished by other means. If by three years' attendance upon college, under certain conditions, one can be as well and as thoroughly equipped for the duties of the physician as he could be by four years' attendance under present conditions, all will agree that the enforced loss of another year in pupilage may well be spared.

The present college-term occupies six months. Why should medical students have six months vacation, while other students are mentally and physically satisfied with three months vacation? Three terms of eight months each will surely give the student as much instruction as he can get in four terms of six months each, and will probably give him more instruction by enabling subjects to be thoroughly treated that are now unavoidably slurred over.

There is no good reason why the college-term should not be lengthened to eight months, or even to nine months, and there are many reasons why it should be so lengthened.

Then, again, much time is now wasted in all our colleges, even in those that require the highest standard of entrance qualification, in teaching subjects with which the student should be thoroughly familiar before beginning his medical education; and many subjects that ought to be taught are omitted because even after three or four years' attendance upon lectures, the student lacks the necessary training to appreciate these subjects.

**Consistency** is thus commented upon by the *Doctor's Weekly*: We were taught in our boyhood to look upon consistency as a jewel and many years of experience have not lowered our high astimate of that word. We are inclined to believe, however, that the education of the editors of some of our contemporaries on that line has been painfully neglected. We arrived at this conclusion after reading several editorials that have recently appeared in a number of our moss-back exchanges wherein certain editors attempt to belittle the products of the pharmaceutical chemist. In some cases they have gone so far as to designate the names of the products at which their vituperation is directed. In almost every instance the advertising pages of the periodicals in which such scurrilous attacks appear, contain the advertisements of the products attacked. In other words, the publisher, or editor, as the case may be, accepts the manufacturer's money and then turns loose the vials of his wrath upon him! Is this consistency? We should say not. When we accept money for advertising space we feel it our duty to do all in our power to advance the interest of our advertiser. This has been our practice in the past and we shall continue on the same line in the future.

**Who Shall Teach** is a question asked by the *National Medical Review*, which goes on to answer the question as follows: Not those who are mere phonographs, giving out only just those things which some person has given them. We have often thought that many teachers in our medical schools were living illustrations of reflex action. Instead of teaching some important branch of medicine they should be a clinic in the physiological laboratory. An idea from a book or from an old teacher strikes them and in due time is reflected upon the patient student without change of any kind. Teachers should be more than parrots. The surgeon should teach surgery as he does, not only because the best authorities so give the facts, but also because he knows of his own experience such are the facts. No man can teach antiseptic surgery who dares not practice it. To teach the therapeutics of medicine requires that the teacher be ripe with experience and busy with daily visits at the bedside. Even the anatomist who does not dissect, cannot teach anatomy. In other words, for the good of the profession of the future, we insist that

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he medical professor be an independent thinker and experienced in the subject he teaches. If he be a good peaker so much the better; but, above all he must be n authority in the branch he represents. How many f our medical colleges, so thickly dotted over the country can boast of such a faculty?

**Brutality** as exhibited by the Militia Surgeons in he Homestead affair is commented upon by the *Journal f the American Medical Association* which states that owhere can it be claimed that it is ever within the cope of their professional duties to be a party to bruality. Military medical officers are appointed as professional men, for the purpose of exercising their profesion, and in the exercise of that profession they are not ubject to the orders of the line officers. What medical nan would carry out a line of treatment in a given case ecause ordered to do so by his superior officer in the ine? If the colonel had ordered these medical men to ut off the leg of Private Iams, no doubt they would ave refused, because it would have encroached upon heir medical functions. By what process of reasoning hese surgeons determined that the colonel's orders had een complied with when the unfortunate man's pulse eached 120, it is hard to see. Why did they not order im down when his pulse reached 100? Or when it began to rise above normal? Or better yet, why did they not let the colonel himself decide when the punishment was complete, and then step in to extend relief so far as they could?

Suppose they had blundered, and let the man hang up so long as to end his life, who would have been guilty of the murder, they or the colonel? We care not what military law may be, it was the duty of these surgeons as medical men to refuse to carry out the orders of the colonel, to tender their resignations on the spot if necessary, or even to suffer punishment for insubordination.

In their action, if it be correctly reported, the profession has been outraged.

**Ureteral Implantation in the Rectum.**—Dr. R. Harvey Reed, of Mansfield, Ohio, read a paper before the Surgical Section A. M. A., on implantation of the ureter in the rectum, in which he concludes, from experimentation on dogs, that unilateral implantation of the ureter in the rectum is a practicol surgical procedure. Bilateral implantation of the vasa deferentia into the rectum is not followed by detrimental results other than sterility of the animal. Simultaneous implantation of both ureters is a questionable surgical procedure. The rectum readily accommodates itself to the presence of urine. Liquid stools are not necessarily frequent as a result of the procedure. The procedure is indicated in laparotomies needed for removal of neo growths in which one or both ureters are involved and in certain grave bladder disorders.

**Intercostal Neuralgia of Long Standing Successfully Treated.**—Mr. M. J. Kenny reports the following in the *Hospital Gazette*: Mrs. B., aged fifty, suffered periodically for over five years from neuralgic pains of a very severe character in the antero-lateral portion of the chest, corresponding to the fifth and sixth intercostal spaces and mammary region, accompanied by most distressing palpitation, the pain, at times, extending to the epigastrium, where the peripheral hyperesthesia was so acute that the slightest pressure could not be tolerated, and the clothes had to be worn quite loose. In fact this tenderness simulated gastritis. She had at various times been treated with quinine, arsenic, turpentine, and repeated blistering at the seat of pain. Morphia in various forms, especially subcutaneously, was what had invariably given most relief, but this relief was only temporary.

I examined the spine and found great tenderness on pressure over the spinous processes of the fifth and sixth dorsal vertebræ exactly as described by Trousseau as ("the spinal tender point"). This being so well marked, I determined to try the method of treatment described by the great French physician half a century ago, and having explained the course I was about to adopt to the patient, I pinched up the skin over the space between the transverse process of the fifth and sixth dorsal vertebræ and about three-quarters of an inch to the left of the median line, and passing a straight bistoury through the fold, cut outward. A dry pea was then put into the wound, over which was placed a halfpenny covered with lint, and kept in position by straps of adhesive plaster. In twenty-four hours she expressed herself much relieved, and on the third day the pain had entirely disappeared. I directed the issue to be dressed with a new pea every other day, and this was done for three months, during which time there was the most perfect freedom from pain. The issue closed despite the efforts of the dresser, and the patient, believing herself to be permanently cured, was not anxious about it. The freedom from pain lasted just three weeks after the healing of the issue, and then suddenly the neuralgia reappeared, but not at all so severe as formerly. I was soon requested to re-open the issue, which I did, and had it kept open for four months longer, the result being perfect freedom from pain. It is now more than two years since the issue was discontinued, and there has been no return of the neuralgia.

**Dangers of Hot Water Bottles.**—Dr. A. W. Edis, F.R.C.P., writes to the *British Medical Journal*: Judging from the experience recently gained, I think it

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well to enter a word of caution as to the employment of hot water bottles after operations, when the patient is still unconscious. In one case of abdominal section, owing to an India rubber bottle, filled with boiling water, unprotected by any flannel or plush cover, being placed low down by the feet, a slough formed over the outer malleolus, extending down to the periosteum, which caused the patient considerably more inconvenience than the operation itself. The pain was so intense that morphine hypodermically had to be resorted to. At the end of a month the pain experienced was so severe that the patient was quite unable to put foot to ground, and it was over two months before the slough had separated and the wound healed. In another case the bottle was placed between the feet and a large blister raised on the inner surface of the great toe, which caused the patient much pain and inconvenience for nearly a fortnight. The foot swelled and the leg itself became very painful, necessitating the employment of a bandage, water dressing, and other measures. In a third case, a hot-water bottle placed at the side of a patient after oophorectomy, blistered the back of the hand so severely that nearly the whole of the skin subsequently peeled off, and prevented the patient using the hand for nearly three weeks. In yet another case a large blister was produced over the right hip, causing so much pain as to preclude the patient turning on that side for some weeks afterwards. I would suggest the employment invariably of suitable covers to prevent these accidents, and also a caution to the nurse as to their possibility.

**Posture iu Examination of Heart.**—This subject is alluded to by Dr. O. B. Campbell (*Jour. Am. Med. Ass'n*) who states that altered posture of the body always displaces the normal heart transversely which sinks from three to six centimeters when lying on the left side, and from one to three centimeters during right decubitus. Position also illustrates the effects of gravity on the heart in the greater force and more extended apex beat, when the chest is bent forward, a procedure that should always be practiced when this beat is obscure.

In position the axis of the heart is directed from above downward and to the left, two-thirds of its bulk passing to the left, and one-third to the right of the median line of the sternum. Its upper border corresponding to a line drawn across the sternum on a level with the upper border of the third costal cartilages, its apex lies immediately behind the sixth left costal cartilage inside the mamillary line. The lungs passing downward from their apices meet each other behind the sternum at the level of the second rib and are separated only by the mediastinal fold of the pleura until they reach the level of the fourth rib where they again diverge. Thus it will be seen that both auricles and part of the ventricles are completely covered by lung tissue, which is a very bad conductor of heart sounds, but after the divergence of the lungs at the level of the fourth rib we have about one half of the right ventricle and the apex of the left, between which and the chest wall no lung tissue intervenes, yet the extent of heart surface not covered by lung tissue is subject to constant variation; during deep inspiration the edges of the lungs may converge so as to cover the entire surface of the heart, and on the other hand during forcible expiration the margins of the lungs recede to such an extent that the larger part of the heart's surface comes close to the chest wall.

**Obstruction to Labor Threatened by a Dermoid Cyst of the Ovary.**—Dr. John Homans reports the following interesting case (Boston *Med. and Surg. Jour.*): In January, 1892, I saw, with Dr. L. F. Cliff, Mrs. M., thirty-eight years old, the mother of ten children. Mrs. M's health had generally been good, except for occasional attacks of severe pain in the epigastrium running through to the back, accompanied by vomiting and lasting about twenty-four hours. These attacks had been irregular, and last summer were absent for five months. Pregnancy has made no difference with regard to them. She has never passed a gallstone, nor has she been jaundiced.

On examination, I found a hard, movable tumor in Douglas's space, about the size of a large, flattened orange. Dr. Cliff told me that the tumor, during the last four years, had threatened to prevent labor by getting in front of the uterus. I could not say definitely whether the tumor was fibroid or ovarian, but it evidently had a very long pedicle.

I removed it by abdominal section, March 2, 1892, in the presence of Dr. Cliff and of Dr. Baker, U. S. N., and assisted by Dr. J. Homans, 2d. The tumor proved to be a dermoid one, of the left ovary, very movable, and hanging like a ball on a string. It was very smooth, and slipped away from my clutch very easily. The pedicle was nearly six inches long. The cyst was tightly stuffed with hair and sebaceous material, and contained bone and teeth. Recovery was rapid.

**Immunity.**—The following occurs in a paper on contagion and immunity by a writer in the Texas *Sanitarian*: If now a pathogenic bacterium is pathogenic to a susceptible animal only, and is not to an immune animal, *i. e.*, does not produce ptomaines in such, it will be seen that one thing needful to confer immunity from a bacterium is that the albuminoids of the animal do not move in the same periods with those of the bacterium, and it is not necessary that immune albuminoids have antitoxic or antibiotic properties to protect the organism from infection. In fact, if our conception of pathogenesis is correct, a pathogenic bacterium does not produce its poisons in the bodies of immune animals—those which are believed to contain antitoxic and antibiotic substances,—so that in the absence of toxines there is no necessity for antitoxines; nor does immunity in such cases require that antibiotics shall exist in the bodies of refractory animals, for, in the absence of

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ptomaines, the scavengers of the body, its phagocytes, are amply able to dispose of all bacteria against which the organism is immune.

**Aspiration in Pleurisy.**—Dr. Herman C. Gardinier states (*Albany Med. Ann.*) that with an expert knowledge of the fatal results that may happen in large pleural effusions and of the deleterious consequences of their too long retention, the question arises: How shall we treat them? Shall we allow nature to effect a cure when we can in a few minutes remove an effusion which may take two weeks or perhaps months to be absorbed, with, perhaps, as a result, spinal curvature and retraction of the chest walls or retention of the heart in its displaced position with, in many cases, the formation of tubercle; or shall we remove the fluid at once, giving the patient the chance of a perfect recovery? It is my conviction, after having aspirated many times, that in large pleural effusions with displaced viscera we should aspirate at once, not waiting for dyspnea or orthopnea to arise and to remove as much as possible without inconvenience to the patient. It may be a gallon or a pint, discontinuing the operation short of producing dyspnea, cough, pain or sense of thoracic constriction. I do not believe as has been advised in the removal of only a pint at one sitting, for I have seen at least three cases where, had there been removed but a pint, the patient would probably have been dead at the next visit. The operation should be done closely following the rules as laid down by Dr. Bowditch. Before performing the operation the physician should see that his instrument is in perfect order, that the needle is aseptic, and he should render the portion of the chest which is to be the site of puncture perfectly aseptic. With these precautions and the use of a small dome trocar there is not the slightest risk of wounding the lung or of permitting the entrance of air or disease germs.

**Treatment of Hysteria.**—Dr. Paul Blocq, in the *Gazette des Hopitaux*, divides the treatment into psychical, external and internal (Pittsburg *Med. Rev.*). The psychical is further divided into the method by isolation, end that by hypnotism. In regard to isolation, Dr. Blocq quotes the words of M. Charcot, who says, "I cannot lay too much stress on the importance which attaches to isolation in the treatment of hysteria where, for the most part, the psychical element plays the chief role, if it is not dominant. It is now nearly fifteen years that I have held this view, and I am firmly attached to the doctrine, and from all that I have seen and all that I now see, I am strengthened more and more in my opinion." Isolation consists simply in the removal of the patient for a time from his usual surroundings. It is not enough that he occupy a separate room at a country place if his family or friends are in adjoining rooms. A sanitarium is the best place.

Hypnotism must not be considered a panacea for all forms of hysteria, as claimed by some extremists. The mental perversion in hysteria is a failure in the association of ideas which causes a perversion of the personality, charaterized by a lessened personality and a narrowing of the field of conscience, which is manifested among other signs by the suggestibility or by a tendency to absorb without protest the ideas suggested to the mind. So judiciously used hypnotism is a valuable method of treatment.

The external treatment consists in the use of hydrotherapy, electro therapy and kinesitherapy.

Internal treatment is of much less importance. Bromides of camphor, ethyl; valerianates of zinc and of quinine; chloral, opium, and sulphonal are used. M. Blocq, in cases of extreme agitation, has used the following mixture:

℞ Monobromide of camphor, - grammes 3.
Extract of Quassia, - - " 2.
Syrup of belladonna, - - q. s.
M. ft. pil. xxx.
Sig. One t. d.

**Sputum of Tuberculosis.**—Dr. Frank S. Hough lays down the following rules (Detroit Emergency Hospital *Reports*):

1. Always impress the patient with the necessity of using a single vessel for the reception of the sputa, and not to spit at random first into one receptacle, then into another and then on the floor or into a handkerchief. Let all the discharges be caught and retained for disinfection or destruction.

2. The sputa should never be emptied without disinfection or destruction.

3. Absolute destruction of the supta at frequent intervals is the most scientific, as well as the most practical, and least expensive operation. Destruction is most conveniently accomplished by emptying the discharges onto fire.

4. After the sputum is destroyed see that the vessel is first disinfected by being immersed in a powerful antiseptic, or better, if the material will permit, sterilized by heat of sufficient intensity (at least 100° C.); then carefully cleansed before being used again.

5. The floors, walls and furniture should be mopped with cloths dampened in an antiseptic solution. The floor of the sick room should never be swept, especially when dry. If the floor is uncarpeted it should be mopped quite frequently.

6. The bed-clothing and clothing of the patient, should be changed almost daily and should be washed separate from other bed-clothing and clothing.

These ideas are not original with him but they are of such vital importance that the writer thinks himself excusable for rehashing them.

**Chronic Inflammation.**—According to Nothnagel (*Med. and Surg. Rep.*), as it is with the acute, so it is also with the chronic inflammatory processes. We may be able to influence recovery in certain favorably located forms—such as chronic inflammatory exudation

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in a joint, inflammatory thickening of a muscle, or perineuritic swelling of a reachable nerve, by massage, gymnastics, electricity, hydrotherapy, various baths, and counterirritation; these are our aids. But of all these it can only be said that they "excite absorption." We possess no drug that effects a cure by directly influencing the organic processes incident to such a cure. This must not be regarded as a mere "dialectic difference," for to the patient it is entirely immaterial whether the massage or counter-irritation have acted directly or indirectly, so long as he is relieved from his long-standing perineuritis. But how is it with the application of similar remedies in neuritis of the trigeminus or optic nerve? Cure, in the true sense of the word, can only occur in a case of perineuritis when we are able to effect a restoration of the histological changes of the nerves which have taken place. The same must be said of chronic inflammations of the mucous membranes, and parenchyma of the organs. In the most favorable cases, we are in a position by means of baths and "cures," dietetic and general hygienic regimen, as well as certain pharmaceutical preparations to influence certain symptoms, as to remove the product of the disease; yet the process of the disease in itself we do not influence.

**Thermic Fever.**—A large proportion of cases of this affection are speedily fatal (*Jour. Am. Med. Ass'n.*). Those who do not immediately succumb are apt to suffer from a lesion of the nerve centers, for which complete rest in a cool climate, and freedom from mental labor, irritation, exertion and anxiety should be enjoined. Simple tonics, nutrients, salt baths, and laxative waters with hygienic surroundings are indicated. Notwithstanding the patients being placed under the most favorable conditions indicated, very many fail to recover, lose their mental equilibrium, become dead to the world and end their lives as inmates of sanitariums and asylums.

**Leg Ulcers.**—These are considered by Dr. Thomas S. K. Morton (Maryland *Med. Jour.*) who, for clinical and remedial purposes, divides all leg ulcers into the following classes:

1. Simple.
2. Syphilitic, diabetic, nephritic.
3. Tubercular.
4. Malignant (principally epitheliomatous degeneration of others).

**Treatment of Syphilitic Nervous Affection.**—Dr. E. C. Spitzka, recently made a few general remarks on this subject (*Med. Rec.*). Authorities on myelitis and other organic spinal disorders had not recognized the clinical difference between gummatous and acute vascular syphilitic affections of the spinal cord on the one hand, and tabes dorsalis on the other. There were two special diseases of the nervous centers which had more or less connection with syphilis. For instance, in locomotor ataxia, we know how frequently a history of syphilis occurs in the etiology of this disease; but the connection is not of the same kind as is found between the secondary and primary lesions of syphilis. The speaker believed in the existence of dementia, due to syphilis, which was not true paretic dementia. Empirically, he stated that the more rapidly a central nervous syphilitic lesion was developed, the more rapidly fatal or radically curable it was. The more slowly developed disorders attributable to constitutional spyhilis are amenable to carefully instituted antisyphilitic treatment in their early phases. If an established sclerosis be affected at all by the iodides or mercury, it is no more so than in non-syphilitic cases. Finally, the later the outbreak of nervous sequelæ, the less useful will the iodides be, and the more useful mercurial preparations and the associated baths. An interrupted plan of treatment, covering a long period of time, is more applicable to late cases than the energetic single course.

**Phagocytosis and Vital Resistence.**—Dr. J. Wellington Byers does not regard Metchnikoff's theory as at all satisfactory (*Climatologist*). He states that there is such a condition as immunity, or susceptibility, which it does not explain. There may be innumerable white blood cells or leucocytes which multiply and destroy myriads and myriads of microoganisms, and yet the disease persists. How are we to reconcile this process with Metschnikoff's theory of phagocytosis and vital resistance being one and the same? It is because the second and essential factor of all superiority and permanent exemption is absent. The heredity and acclimating influences are absent in the white-blood cell as such. Its existence in the blood is of an ephemeral nature and it originates *de novo*, having neither pride of ancestry nor hope of posterity as a resisting or bactericidal agent in the blood. It can never inherit, acquire, or transmit a superiority, since the conditions of existence upon which these depend are entirely absent in its case. They live, flourish, and destroy as leucocytes in the blood; but in this transitory character they do not remain, but pass out into the solid tissue when they and their past experiences could never be of any possible service to those who came after them in the blood. The blood is to them now a foreign and remote locality, and under the conditions of their new environment has no possible influence upon them or they upon it. The blood cell has the power of phagocytosis, but in a medium when everything is of a fleeting and transitory character, no accomodation can take place when the source of the supply is unlimited and the means of defence momentary in effects. Hence, the conditions of blood-diseases are such that no immunity can ever ensue, and the disease will persist unless the causes are all destroyed, or artificial aid employed. Having in this manner shown that it is the cells which acquire, retain and transmit a superiority, and wherein they fail to do so, and the reason why, we may assume that a new quota of data has been added to the theory of phagocytosis. Thus, the entire series of facts and their inter-

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pretation are in keeping with the laws of development, evolution, and heredity, and the phenomena and philosophy of immunity are apparently explicable through them. Life, which seeks its own continuance, tends to repair itself without our help. It mends its spider's-web when it has been torn; it reinstates in us the conditions of health, and itself heads the injuries inflicted upon it. The wisest part of us is that which is unconscious of itself, and what is most reasonable in man are those elements in him which do not reason.

**Electrical Examination of the Urine.**—Dr. Dawson Turner writes (*Brit. Med. Jour.*) on electro diagnosis by the urine. The urine was placed in a V-shaped tube, and this was connected with a measuring bridge. The electrical resistances of various artificial fluids were first determined. Thus a 3 per cent solution of urea gave a specific resistance of 382.5 ohms; a 2 per cent solution a resistance of 569.5 ohms; a 2 per cent solution of sodium chloride gave a specific resistance of 29.25 ohms; 1 per cent gave 59.5 ohms; 0.75 per cent= 79.9; 0.5 per cent=110.5. A 2 per cent solution of sodium chloride mixed with a 20 per cen solution of grape sugar gave a specific resistance of 51 ohms. The specific resistance of distilled water was stated to be infinite, that of ordinary spring water enormons. The resistance in urines was stated to depend mainly on the presence of chlorides, but possibly also on the sulphates, and it might be on other salts. It was argued that the method was a much more convenient and accurate means, for example, of determining the amount of urea than was the ordinary mode, and it was illustrated by referring to gravity of 1.017, 9.36 grains urea per ounce on one day, and specific gravity 1.020 and 7.02 grains urea on another. From this nothing definite could be deduced, whereas much could be learned when you were told that the specific resistance in the one case was 68 and in the other 51 ohms.

**Lucky Spontaneous Version.**—A case in the practice of Dr. E. E.Barnum, in which a midwifery case had reached the condition in which one arm was external to the elbow, the waters drained away, and the uterus firmly contracted on the fetus, and so much as to make version impossible is noted by the *Southern Clinic*. So he tried gravity. Bringing the woman on her knees to the edge of the bed, and lowering her head until it touched the floor, a few minutes sufficed for the retreat of the child, and by spontaneous version, the head presented, and the labor terminated in fifteen minutes.

**Aristol in Venereal Ulcers.**—E. Gueuz considers rristol the best succedaneum of iodoform (*Nat. Drug.*) in the treatment of venereal ulcers. He recommends its use, as a dressing, in the following manner: After having dusted the lesion with aristol, pour a few drops of olive oil over the same (aristol is soluble in olive oil) and cover the whole with traumaticine or caoutchouc paper. This dressing causes no pain, does not irritate, is inodorous, and does not soil the garments of the patient. In some torpid or phagedenic ulcers this treatment does not succeed so well, and there iodoform may be used.

**For the Alcohol and Opium Habit.**—Give up the habit (Kansas *Med. Jour.*). No "tapering off," but complete abandonment; and if there is loss of appetite and strength, with too frequent pulsation and diminished liver, common conditions, give of the following a tablespoonful just before meals:

℞ Sodii sulpho-carbolat., - - ℥iij.
Quiniæ sulphat., - - - gr.xvj.
Strychniæ sulphat., - - - gr. ss.
Syr. hypophos. com., - - - ℥ij.
Glycerini, - - - - ℥ij.
Aquæ, dest., - - q. s. ad ℥viij.
M.

**Air Passing Audibly by the Vagina.**—Dr. Sochava reports in a Russian medical journel (*Lancet*) the case of a patient who for some years had been annoyed by the audible passing of wind from the vagina whenever she lay down or reclined in an easy chair. On examination he found a defective development of the labia and nymphæ, which were rather rigid, and prolapsus of the anterior vaginal wall, so that the vagina was directly accessible to the entrance of atmospheric air. Every contraction of the vaginal walls of course expelled the air and so caused a certain amount of noise. Energetic treatment of the prolapsus led to a cure of this exceedingly troublesome condition.

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**An Asylum Investigation.**—According to the *Lancet-Clinic*, it is being whispered pretty loudly that all is not well at Longview Asylum. Several patients have complained bitterly of the treatment they received there, and an investigation is in progress. There has never been the intimate connection between this asylum and the medical profession which we deem advisable, nor have we received that amount of benefit which the medical profession can rightly claim from so large an institution situated in our midst. We would like to urge a rectification of this, and believe that a closer organic union would be mutually beneficial. Let us perceive some scientific emanation from this source.

**Earth Worms and Tuberculosis.**—MM. Lortet and Despeignes, in continuing some researches into the behavior of earth worms to tuberculous matter, have given additional scintific basis to the arguments advanced in favor of cremation. They have found (*Lyon Medical*) that earth worms living in soil which contains tuberculous material bring up bacilli to the surface. The worm-casts under such circumstances are capable of producing the most virulent tuberculosis in guinea-pigs.

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## San Francisco Letter.

Editor MEDICAL REVIEW.—The State Homeopathic Society is to hold a special session in this city to investigate the methods of a few who have been practising Christian Science while holding a license from their Board of Examiners. They will particularly consider the case of one, Dr. (?) Fluno, of Oakland. Fluno has long since abandoned the intricacies of prescribing and preparing one-millioneth of a grain of Na Cl. and reconciling this treatment with the drachms of the salt used at the same time in the food, for the plain path of giving nothing, claiming "that faith must overcome all error, and mind must finally transcend all medicine." He says, "we are unable to find a single physician of my school of medicine who practices in accordance with the principle and law of his own school; I claim the same privilege!" I don't see what the Homeopathic Society is raising such "dust" about. Dr. (?) Fluno uses in his practice the three principle drugs of their pharmacopeia—sugar, alcohol and water, and they can hardly get them so pure but that they will probably contain as much as 100,000,000,000,000th of almost anything. What is the use of having a quarrel over such a small matter as a quadrillionth of a grain?—"mind transcendeth all medicine," even if it fails to comprehend the size of the dose.

We have all had a chance in the last week to examine a case of pyromania which has been in the courts on a charge of applying the torch to at least six buildings. The prominent physicians have, as usual, seized the opportunity so air their opinions on hysteria, epilepsy and other things in the shape of a half a column free ad. in the daily papers. We "almost always generally notice" that the doctors who are the first to cry out at violations of the Code of Ethics are very prompt to give reporters points on "The Cholera Invasion," smallpox quarantine, etc., and delight to see the Sunday papers emblazoned with their "hints for the public health"—$5 for name in capitals, I suppose. The pyromaniac is a very intelligent-looking girl of about 14 years, but she has apparently an irresistable desire to see flames. It appears that the girl has inherited the tendency, as the fire marshall recognized her father as a "firebug" of old. There is another case of the same class on trial in Santa Rosa at present. We had an epidemic of pyromania about five years ago, but after a few "bugs" had been tarred and feathered, and a pair had graced limbs of oak trees this kind of mania became far from popular in California.

The two official quacks mentioned in my last letter appear not to have learned discretion by the publicity of their schemes. At the meeting of the Board of Health, Dr. Keaney stated "the Superintendant of the Hospital habitually treated the Board with discourtesy, and totally ignored the Health Officer; his conduct merits condemnation." This statement phased not the united two, for at the same meeting the member of the Board who "stands in" moved the appointment of J. H. Peters, a man having no license to practice medicine, as Assistant Physician to the Almshouse.

Very little sickness at present, and very little doing; everybody rusticating who are able. Doctors and patients are "cheek by jowl" at the seaside or in the mountains.

S. J. H.

## Buffalo Letter.

Editor MEDICAL REVIEW.—During last winter and spring an effort was made to concentrate the forces of the various medical associations of Buffalo into one body. After much discussion and agitation and the more formal deliberations of a joint committee representing the Pathological, the Medical and Surgical, the Obstetrical, and the Clinical Societies, the plan of organization was matured, a constitution and set of by-laws were prepared and a mass meeting of the members of the four societies was called late in May to take definite action. At this meeting the proposed constitution and by-laws were considered section by section and adopted after some slight modification.

From the constitution we learn that the new organization is to be called the Buffalo Academy of Medicine; that it is to be composed of resident, non-resident, and honorary fellows and benefactors; that its object, beside the general promotion of the science and art of medicine, is the maintenance of a library and museum. The present active members in good standing of the four societies named above are, ipso facto, members of the Academy. Hereafter candidates for resident fellowship must have been in active practice for at least two years. Non resident fellowships are provided for the accommodation of members leaving the city, for surgeons and assistants in the three government medical services and for interested friends in other places. In order to make the honorary fellowships actually honorary, their number is limited to twenty-five.

The four fold origin of the Academy is recognized in the article which divides it into four sections, namely, of general medicine (including materia medica and therapeutics), of surgery (including the various surgical specialties), of obstetrics and gynecology, and of anatomy, physiology and pathology. Except that the scope of the Medical and Surgical Association is to be narrowed so as to include only the branches of surgery, the four original societies will be little changed, for the Obstetrical Society has for a long time devoted much of its attention to gynecology and anatomy and physiology are necessary foundations for a study of pathology. The sections are practically independent, their

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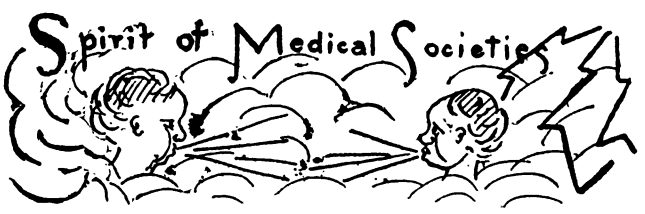
presidents are ex officio vice presidents of the Academy and each society in turn has charge of the program of the quarterly meetings of the Academy.

On June 21, the first annual election was held and Dr. DeLancy Rochester was elected President for the ensuing year. The installation of officers occurred in the evening of the same day. The progress of the Academy has thus far been favorable but its success or failure is still a matter for the future to decide. Its purpose is manifestly to collect rather than produce medical thought. The various sections will probably be no more successful in their meetings than were the four societies, since in any city only a small minority of the medical profession are workers in a scientific way and only a small additional proportion will attend meetings. At the same time, the best results of the sections will be focussed at the quarterly meetings of the Academy and when the Academy has gathered together enough funds to support a library and museum, its practical advantages will be mere evident.

Some time ago Dr. Phelps operated at the Buffalo General Hospital on a case of necrosis of the left femur of ten years' standing. There were two sinuses, one discharging on the outer side of the thigh, the other in front about half an inch below Poupart's ligament, after following a course in close proximity to the femoral artery. A little above the great trochanter there was a scar as if marking the site of a former sinus. A longitudinal incision was made on the outside of the thigh, exposing the bone. The anterior sinus was then explored by means of a sound passed through it which grated on bare, but nearly smooth bone. The sound was forced under the femoral artery and, with considerable difficulty, pushed through to form a communication with the external opening. The dead bone was located on the internal and anterior surfaces of the femur just at the junction of the neck and shaft. On account of the difficulty in operating in such close proximity to the femoral vessels, the dead bone was not removed but a drainage-tube was inserted in the track of the sound and the wound dressed avtiseptically without sutures.

**The Sale of Laudanum.**—A correspondent of the *Hosp. Gaz.*, in calling attention to the utter absence of any restriction on the sale of laudanum in England, very judiciously suggests that before calling on heaven and earth to prohibit the sale of opium to the Chinese, the good people who are so anxious to safeguard celestial morality would do well to bring about a change in the law at home. As matters stand the retail chemist is under no obligation to inquire the destination of even large quantities of laudanum, and the consequence is that deaths from narcotic poisoning—accidental or otherwise—are of almost daily occurrence. Let us take the beam out of our own eye before soliciting permission to remove the mote from our neighbors' optics, the more so as the neighbor in question objects to and repudiates our interference.




**Wound of Lateral Sinus.**—At the late meet- of the American Otological Society, Dr. D. B. St. John Roosa read a paper (*Med. News*) entitled Wound of the Lateral Sinus in the Course of Mastoid Operation, Followed by Septicemia, with Recovery. The patient was a young woman, twenty-three years old, who for years had had recurrent attacks of suppuration of the left ear. It was thought that the mastoid process was carious, and it was decided to open it by means of the drill. A large cavity was found, from which issued a gush of venous blood, which could not be checked by ordinary means. It was believed that the lateral sinus had been perforated. The wound was plugged with iodoform-gauze. Four days later, when the wound was dressed, there was no trouble from bleeding. Symptoms of septicemia then set in, but after two months of expectant treatment the patient completely recovered.

**Bichromate of Potassium as an Expectorant.**—In a paper read before the Medical Society of the County of Kings (Brooklyn *Med. Jour.*), Dr. Jos. H. Hunt said: You all know the salt, in its crystalized form of garnet-seed prisms of resplendent luster, which is soluble in twelve parts of water at ordinary temperature and in equal parts of boiling water. It is best administered internally in the form of an aqueous solution, but this is liable to decomposition if kept too long. I have for years kept it in the form of a trituration of one part with nine with sugar of milk, which I dissolve in water at the bedside. Lately some of our tablet makers have been putting up tablets of this triturate, each tablet containing $^1/_{30}$ grain, which is a minimum dose for a child one year old. It is insoluble in alcohol and is rapidly decomposed in glycerine. I find it taken and borne readily by the youngest infant, unless given within a few minutes of feeding with milk, with which it seems to be incompatible, so that when the administration of the medicine is at very short intervals, milk-feeding must be, for the time, suspended. I am accustomed to give it to a child one year old in $^1/_{30}$ grain doses, at first at frequent intervals, when the symptoms of suffocation are distressing or the breathing very rapid; I administer a dose every fifteen or thirty minutes until I see some amelioration of the symptoms, and then diminish in frequency to one hour intervals. If the interval is prolonged more than one hour the effect seems to die away.

**Now** is the time to subscribe for the Weekly Medical Review

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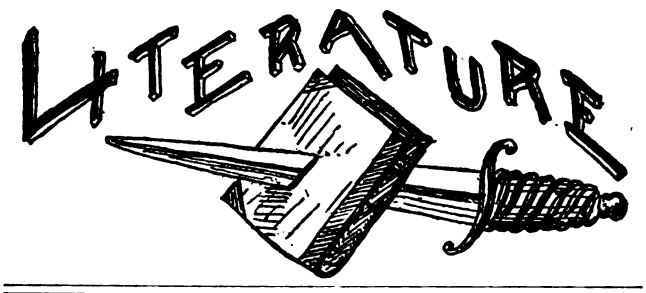


**Essentials of Diagnosis,** Arranged in the Form of Questions and Answers, Prepared Especially for Students in Medicine. By SOLOMON SOLIS-COHEN, M.D., and AUGUSTUS A. ESHNER, M.D. 12 mo., pp. 382. With Fifty-Five Illustrations, Some of which are Colored, and a Frontispiece. [Philadelphia: W. B. Saunders. 1892. St. Louis: J. H. Chambers & Co., 914 Locust St. Price, $1.50 net.

Diagnosis is, without doubt, one of the principal adjuvants to the study of medical art in all of its branches and divisions. A diagnosis being once made, there is very little trouble experienced in the treatment provided that sound pathological principles have been mastered. In the little work before us, the authors have only dealt with medical diagnosis and they have succeeded in producing a very good compendium. Whilst it is arranged on the question and answer plan, the questions are so short and the answers so comprehensive that it does not at all savor of that abomination—the catechetical handbook. The language used is terse, but the explanations and answers are very clear and to the point. Stress has been particularly laid upon differential diagnosis—one of the most essential features in laying down the groundwork for a proper recognition of the group of symptoms which characterizes a disease.

We notice some omissions, of which we can but enumerate a few. The diagnosis of skin diseases is entirely omitted, and intentionally so, as is also that of other special departments of medicine. On the other hand, while chyluria, and the various forms of hematuria are dwelt upon, hemato-chyluria is not even mentioned. It may be a rare condition, yet it should be described as it occurs in the temperate zones occasionally. At least, such is our experience, having met with a case but recently. In a few other cases some unimportant omissions occur, but like the one we have mentioned they are of such a character as not to detract in any essential degree from the general usefulness of the work.

Taken, all in all, this number (17) of Saunders Question Compends is probably the best one so far issued. A feature to which we desire to call attention and which is a great aid, consists in the large number of illustrations which are given. They have been selected with great care and, in several instances, are colored. A plate is also given as a frontispiece, and it is of value as it depicts accurately the relations of the thoracic and abdominal viscera. That part devoted to the examination of urine is quite complete and thorough, as well as reliable.

A prominent feature to which we desire to call attention is the fact that the book is abreast of the times. We have a full exposition of the bacteriological relations of diseases given as well as the microscopical peculiarities to be found in certain affections such as the comma bacillus in cholera, and the plasmodium malariæ in intermittent fever. This is evidence of the scope of this remembrancer as well as the care which has been taken in its production.

In conclusion, we can heartily recommend it to all those who contemplate purchasing a "compend." It is modern and complete and will give more satisfaction than many other works which are perhaps too prolix as well as behind the times.

**Case of Akinesia Algera.**—Dr. J. J. Putnam, described the patients suffering with this condition as experiencing severe pain during or after use of the muscles (*Med. Rec.*). They were all neurasthenic. He had a case many years ago for which he had always desired to find some category, and to report when he found such category. He had supposed the symptoms were an exaggeration of those common to nervous patients. The patient referred to was, when seen by the speaker, a middle-aged man, and his trouble had existed since childhood, gradually increasing in severity. He had belonged to a family of nervous invalids. The symptom to which the speaker wished to call attention was excessive pain immediately following the use of the muscles. The man could not walk one-third of a mile without pain coming on upon cessation of exertion. This result was invariable. The pain was situated mainly in the legs, but if the arms were used he would suffer pain in them. There was no sign of any atrophic changes, the man was well formed, had a delicate skin, and there was no other symptom present. The pain was diffused throughout the muscles of the thigh and below the knee. There was no tenderness.

**Compressed Tablets** are perhaps the most elegant, as well as the most convenient remedies made in these latter days of elegant pharmaceuticals. Another advantage which they possess is accuracy of dosage. Those who can best appreciate these triumphs of the art of the pharmacist are country practioners who are forced by circumstances to dispense their own medicines. H. K. Mulford & Co., of Philadelphia, have done much to popularize these tablets and they have earned an enviable reputation by furnishing thoroughly reliable goods at exceedingly low prices. To those unacquainted with their preparations they offer twenty-four screw cap, two drachm vials, filled with a complete assortment of tablets and triturates, in a handsome morocco pocket case, for $3.00. Of course, this is an unprecedented offer, and all those of our readers who are in need of such a case should avail themselves of the offer.

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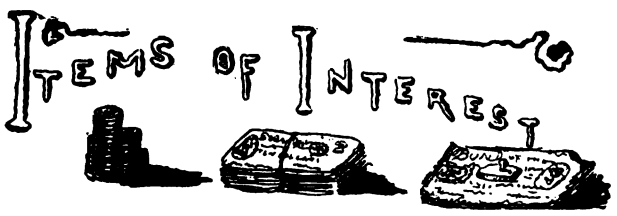


**A Probe** in the hands of a dirty or rough surgeon is like a loaded pistol in the paw of a monkey.

**The Degree of LL.D.** was conferred on Dr. John M. Keating, of Philadelphia, by Seton Hall College.

**Dr. Koch,** we are pleased to note, is at work every day in his laboratory. No one in Berlin was aware of the rumor, of his serious illness, which had gone abroad.

**Constantinople** has at last a disinfecting establishment for the thorough disinfection of clothing, bedding, and furniture after the occurrence of infectious diseases.

**Dr. Otto Volker,** head of the surgical department of the Ducal Hospital at Brunswick, died suddenly of heart disease at the bedside of a patient at Harzburg last month, aged forty-nine.

**Quarantine** has been declared by Turkey against everything coming from Trans-Caucasia, as well as from Persia. In addition to this all Ottoman ports of the Black Sea have established a rigid quarantine.

**Stammering as a Disqualification.**—It is officially announced by the authorities of the St. Petersburg Military Medical Academy that stammering will in future be considered a disqualification in candidates for admission.

**La Revue Medicale** is a new French journal which has been received by us. It appears twice a month and is edited by Dr. Paul Archambaud. The idea of this Parisian medical review is to give its readers a condensation of medical literature. We would recommend it to peruse the pages of the REVIEW if it desires a good working model.

**An Unselfish Act.**—We desire, says the *Citizen*, to honor an act of unselfish devotion to humanity and duty performed by Dr. Jones, of the Earlswood Asylum. A little girl, 6 years of age, named Ethel Sargent, was admitted to the infirmary of the Asylum on Sunday evening, July 10, suffering from diphtheria. Her condition was so serious that tracheotomy had to be performed. The accumulation of matter threatened the life of the little sufferer, and after being warned by his colleague of the danger, Dr. Jones sucked the tube and relieved the patient.

**Calico Bandages** have long ago become things of the past in the surgical wards of Paris hospitals, that stuff having been dethroned by tarlatan. An idea of the expense entailed by these liberally applied tartartan bandages may be gathered from the fact that there were used in the Paris hospitals during the year 1890 no less than 1600 kilometers, or 1000 miles of this material. In 1891 the mileage had reached 1138, an amount which cost 135,000 fr.

**Professor Verneuil** has, on the ground of advancing years, resigned the chair in the Paris Faculty of Medicine, which he has so long occupied with such advantage to the school and such honor to himself. We venture to express a hope that though the voice of the great teacher may be still, his not less eloquent pen may for many years to come continue to mingle the *utile* of an exceptionally ripe experience with the *dulce* of a literary style as polished and as keen as the knife which no surgeon could wield more deftly than he.

**Bequest to the British Hospital for Diseases of the Skin.**—The British Hospital for Diseases of the Skin has had a contested windfall, viz., a legacy of £1,000 left to the Finsbury Square Branch by a grateful patient, deceased. The interest of the incident lies in the fact that payment of the legacy was resisted on the ground that this particular branch had been closed, its place being taken by a self-supporting "Skin Dispensary" and, that therefore, the bequest must lapse. The judge, however, did not take that view. He held, in fact, that the testator wished to benefit the institu- and not any particular branch thereof, so that Dr. Balmanna Squire, who "runs" this hospital, may rejoice in the prospect of a very handsome and unexpected addition to the resources of the charity. The least he can do in memory of his deceased benefactor will be to publish his clinical record *in extenso*, so that it may be said of him *non omnia moriar*.

**An Ungrateful Mother.**—A British cotemporary states that a misguided woman, whose boy died a day or two since at the Poplar Hospital, as the result of burns caused by boiling pitch, made quite a scene at the inquest by accusing the hospital authorities of having killed her child. It seems that some delay occurred in procuring the mixture of resin oil and naphtha which is used by the men to dissolve off the pitch, but the blend is not one which figures in hospital pharmacopeias and would probably have to be sent out for at any hospital in London. Then, too, she was mad because when in violation of the rules, she gave the lad some grapes, the nurse threatened to turn her out. Even the coroner thought this was "very harsh," apparently ignoring the absolute necessity of enforcing the rules in the matter of diet. It is to be regretted that the jury did not see fit to exonerate the hospital authorities in respect of the charges recklessly made by an angry and probably hysterical woman.

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**Epidermin** is the name given to a new basis for ointments, composed of wax, water, glycerine, and an adhesive substance made of gum arabic and wax.

**By Imperial Decree,** dated June 13, a Medical Department of the German Imperial Naval Office was created. The administration of the new department is provisionally placed under the direction of Dr. Wenzel, Surgeon-General, First Class.

**The Colleagues** of the late Sir Wm. Aitkin, M.D., F.R.S., who served with him in the course of the thirty years during which he held the appointment of professor in the Army Medical School, are taking steps to erect a tablet to his memory in the chapel of the Royal Victoria Hospital at Netley.

**Dr. Mead,** an English "society" physician of the early eighteenth century, exhibited a rather peculiar variety of sexual perversion. He had intense pleasure from combing the hair of nude females. He was a regular visitor at the Turk's Head on Gerrard street, where a waiter had a standing order to supply him with females having fine heads of hair that he might indulge his passion for combing.

**Cream.**—The fact is not so well known as it deserves to be that cream constitutes an admirable nutriment for invalids. It is superior to butter, containing more volatile oils. Persons predisposed to consumption, aged persons, or those inclined to cold extremities and feeble digestion are especially benefited by a liberal use of sweet cream. It is far better than cod-liver oil, and besides being excellent for medicinal properties it is a highly nutritious food.

**N. Y. Physicians' Mutual Aid Association.**—This excellent organization through the untiring efforts of its post and present officers, now possesses a membership of 1,106, and pays at the death of each member, $1,000, which is the full amount allowed under the by-laws. Every physician, desirous of aiding his fellow practitioner and at the same time of providing for his own family at a time when a little ready money is of more value than ten times the amount at a later period, should become a member.

**The Addition** of 1 per 1,000 of hydrogen peroxide (Marchand's) to ordinary drinking water, to drinking water containing sewage, or to water containing typhoid bacillus or cholera bacillus is quite sufficient to destroy the various saprophytic and pathogenic organisms contained under these conditions, if it is obtained perfectly fresh and kept in good condition, and if it is allowed to act for a period of twenty-four hours. It is specially valuable for the disinfection of drinking water because it does not affect the taste, does not alter the color, and in the proportion mentioned is perfectly innocuous.

**The Physician** who is a great philosopher is not generally a financial success in medicine.

**The Insane Hospitals of Boston.**—The Committee on Public Institutions is expected soon to submit its report upon the site for the proposed new Cottage Hospital for cases of acute mania among the insane of the city (Boston *Med. and Surg. Jour.*). There are 740 of Boston's insane in State institutions, 232 at South Boston and 187 at Austin Farm. The Common Council has already appropriated $200,000 and the Aldermen have referred it to the Committee on Public Institutions. It is desired to get from 100 to 200 acres of land within the city limits for the new institution. When the new Cottage Hospital is completed the South Boston Asylum can be done away with. As soon as the new building at Austin Farm is ready, sixty insane patients will be taken from South Boston, leaving about 170 in that asylum, and forty will be taken from Austin Farm Retreat, leaving 147.

**The Spitting Habit.**—Much good has been accomplished in New York, Pittsburg, and other cities through the labors of societies of public spirited women organized for the purpose of improving the methods of street cleaning and garbage removal (*Med. Rec.*). We publish with pleasure in another column a letter from the Secretary of one of these organizations in Pittsburg, recounting the further good work accomplished by its members in repressing the spitting nuisance. As we have before pointed out, apart from the question of abating a nuisance, there is an important hygienic side to these efforts, for it is well known that more than one disease is spread in great measure through the sputum. We are glad that the ladies of Pittsburg have taken up the combat against this disgusting and dangerous habit. We welcome them as powerful allies in this good cause, and we hope that they may soon have equally zealous imitators in every other city of the country.

**Practice One Hundred Years Ago.**—The *Medical Era* states that an old medical work, published in 1747, contained the following:

"The common practice of our modern doctors: A person is sick and sends for a doctor; the doctor comes and feels the pulse, inquires the complaints, then tells them they are threatened with a fever, and he will try to throw it off; then give a puke, takes his hat and goes away. Next morning he returns, and tells them the fever is settled—it will run ten or twelve days; then deals out medicine; first calomel and rhubarb to be given; then takes camphor, magnesia, saltpetre, what the point of a penknife will hold of each put together. This to be given every hour for five hours. Then they give rhubard and calomel. If the patient should be full of pain or have pain at any time, they generally give opium in a fine powder, or paregoric drops, which is opium and rum. Thus they continue in that way till the patient lives or dies."

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**Owing** to a lack of funds the Cincinnati Hospital has been compelled to close the venereal and ophthalmic wards. This is a real misfortune, and we hope an additional appropriation will be made.

**The Senior Editor** of the *Indian Medica Gazette*, Brigade-Surgeon Kenneth McLeod has, after twenty-six years' service in India, all but four of which he wielded the pen, retired, and his associate, Dr. W.J. Simpson, the efficient health officer of Calcutta, is now the sole editor.

**A Large Number of Gall-Stones.**—Dr. H. D. Noble, of Stony Ridge, Ohio, informs the N. Y. *Med. Jour.* that in a post-mortem examination, made on July 2, on the body of a woman who had died suddenly by the bursting of an aneurysm of the aortic artery, he, with the assistance of Dr. A. G. Snyder, of Stony Ridge, removed two hundred and thirty-five gall-stones from the gall bladder, ranging in size from an eighth to a third of an inch in diameter.

**The Chicago Medico-Legal Society** seems to be singularly unfortunate (*Med. Stand.*) in its attempts to protect the medical profession. Founded for purposes of "mutual protection against blackmail" its first president (with the best intentions possible) endorsed and loyally supported the vilest and meanest blackmailing scheme ever devised by any sensation scavenger that received a penitentiary sentence. Its present president, acting in his judicial capacity, has, after very demagogic remarks, cut the fees of two leaders of the medical profession far below what he would dare to do in the case of lawyers of similar status. A dipsomaniac sheet interested in inebriety cure "fakes" has been punishing the medical profession for its exposes of such "fakes" by denunciation of medical fees. This judicial demagogue, whose term expires this fall, evidently hopes to secure a renomination through the favor of this inebriate sheet.

**The Retirement of Professor Da Costa.**—The *Medical News* says: We are authoritatively informed that Professor Da Costa will not again take part in the clinical lectures at Jefferson Medical College. This announcement can occasion only profound regret among the friends and alumni of the college, with whom the name Da Costa stands for the embodiment of what is best and noblest in medicine and as representative of the ideal in teaching. Dr. Da Costa's resignation from the Chair of the Practice of Medicine is yet fresh in memory. By the action of the Board of Trustees of the College he was made Emeritus Professor in the department that he had for so many years conducted with such signal ability and distinction, and upon the invitation of the Faculty he delivered his usual course of clinical lectures last winter. Dr. Da Costa has now withdrawn from all teaching connection with Jefferson College.

**It is Believed** that so-called "sun-stroke" begins in certain cases with disorder of the digestive secretions; or at least that the man with the disordered secretions will be the first to succumb. Let the citizen therefore watch over his digestion in the hot months as carefully as the mother guards her tender babe.

**Lesbian Love and Murder.**—A young girl, living in Tenessee, formed Lesbian relations with another girl. The latter slackened in her devotions to perverted sexuality, and accepted attentions from a young man. The young woman of the first part thereupon became jealous, and in a fit of passion killed her girl lover, declaring that she could not live without her love. The trial for murder has appeared in minute detail in the daily papers, not confined to that part of the country. The defense rests upon the question of insanity, and the result is likely to be interesting from a medico-legal point of view. The expert testimony was so unamimous in the favor of the existence of insanity, that such a verdict was given.

**Toledo Medical College.**—The Toledo *Medical Compend* publishes the following, and it should certainly know whereof it speaks: We have been accused of partiality, and that we have suppressed the news in connection with the Toledo Medical College. In a measure, it is true, but we feel that we were justified in so during, owing to the fact that we participated in the organization of the college and have labored for years to build up this institution, so that all the citizens of Toledo could feel proud of its being in our midst. But enemies have insinuated themselves into its faculty and board of Trustees, and have finally accomplished what they could not do except by hypocritical cant. By such practices they managed to worm themselves into the good graces of some of the trustees, and by a systematic course of persistent lying they have finally practically accomplished the ruination of the college. Last spring they passed a majority of the candidates for graduation who had not complied with the requirements of the college and those of the Illinois State Board of Health, even after having been duly warned, and in opposition to the protestations of a number of the faculty, who had the welfare of the institution at heart. The result is that the matter was reported to the Illinois State Board of Health, and all indications point in the direction that its diplomas will be refused recognition by that board.

This practically signifies that the usefulness of the Toledo Medical College as a school is a matter of the past, for no students will enroll themselves as students of an institution that is not recognized by the profession. Futhermore all those who were in any way connected with the management of the college will forever bear the disgrace of conducting a diploma mill, and can not be recognized by the profession as being in any way seperior to the institution they managed so corruptly.

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**Oxychinaseptol** is the name of the latest antiseptic. Its use was demonstrated at the Eleventh Congress for Internal Medicine at Leipsic.

**Dr. Albert Hay,** aged 73, and Mrs. E. Pierson, aged 67, were married at Wichita, Kas. The groom is a brother of Chief Justice Hay of Missouri.

**The Illinois Board of Health** has refused to recognize the diplomas of the German-American Homeopathic College, the German College of Medicine and Obstetrics and the German Medical College, all of Chicago.

**Wanted.**—By Daniel's *Texas Medical Journal*: Somebody to stamp out from medical literature the phrase "stamp out," as applied to suppressing an outbreak of disease. It has become as stereotyped as "busy practitioner."

**She Would be Beautiful.**—A woman was arrested not long ago in London for drunkenness, who was found afterwards to be suffering from the toxic effects of atropia, which she had instilled into the eyes to dilate the pupils and give the organs a brilliant appearance.

**An Exchange** states that Dr. Gritian, of Lyons, knowing the intimate connection existing between the uterus and the larynx, has advanced the idea that if a woman complains of fecundity, she should be told to sing at the top of her voice during the copulative act, as the best method of promoting conception.

**Dr. Oliver Wendell Holmes** is certainly well liked by the profession and it is on this account that we wish to inquire why the Toledo *Medical Compend* dislikes him. I tmust certainly have been a strong antipathy which could induce our cotemporary to publish such a caricature, as the alleged portrait of Dr. Holmes, which adorns (?) its pages.

**Flatulent Dyspepsia** is often greatly relieved by a mixture of equal parts of powdered sulphur, magnesia, phosphate of lime, and charcoal. A teaspoonful of this powder is taken in a glass of water during an attack, says an exchange. Solution of bromide of strontium (Paraf-Javal's) will effect the same purpose and is less disagreeable to take.

**A New Health Resort.**—Chicago has suddenly and to her own astonishment, no doubt, sprung up as one of the most remarkable health-resorts in the world (*Ex.*). It is not so much a matter of ordinary observation as of statistics, which makes her so healthy. These statistics, by the very latest census, show that Chicago has a population of 1,500,000 inhabitants, or thereabonts. Her death-rate in July was a little over 400 a week; her mortality-rate for the year is about 14 per 1,000! Either the population is wrong or Chicago is the most salubrious large city in the world.

**At Bogota,** which is situated nearly under the equator, and has an altitude 9,000 feet, consumption and pheumonia are unknown. The winter temperrture is 59°, and the spring and summer 59.5°. Dr. Remondino, in his recent work on the "Mediterranean Shores of America," says that at Jauja, in Peru, 79 per cent of all cases of consumption are cured. The altitude of this place is 8,000 feet above the sea level, and the temperature is beteen 50° and 60°.

**Easy to Answer.**—The following question is propounded by the astute editor of the *National Medical Review*: "We would like to ask a very simple question, and call upon some of our friends for a reply. Why should not the general practitioner get as high fees for testifying in court as does the specialist?"

Simply because the latter has more skill and knowledge in his special branch and gives better service in a shorter time. Give us something hard.

**Death of Dr. Clark.**—We regret to announce the death of Mr. Frederick le Gros Clark, F.R.S, F.R.C.S., in his eighty-second year. He died at his residence, The Thorns, Sevenoaks. For many years he was surgeon at St. Thomas's Hospital and lecturer there on Surgery and Anatomy, and during the latter part of his life he was consulting surgeon at that institution. He was the author of many works on the Anatomy and Physiology of the Nervous System, and translated in the year 1847 Dupuytren's work on "Diseases and Injuries of Bones." He was examiner for ten years to the Royal College of Surgeons, and President of the College in 1874. Mr. le Gros Clark became in 1872 a Fellow of the Royal Society.

**Early Rising not Always a Virtue.**—Says *Harper's Bazar*: Thousands of people have no choice whatever about their hour of rising in the morning. Later or earlier, that hour is fixed for them by the requirements of the office, the shop, or the class-room; by the time-table of the railroad; by the arbitration of their employers or the necessities of their employes. But in the cases manifold where personal liberty is enjoyed, it should not be thoughtlessly restricted simply because of the domestic tradition that early rising deserves praise and late rising blame. Breakfast may often be a movable feast without materially disturbing the routine of an orderly housekeeping day. Invalids, mothers whose rest has been broken by teething babies, and, above all, rapidly growing children, should have their sleep out. Nature demands this, and violence is done to her when sleepy people are rudely aroused from their beds. Early to bed is the single safe prescription to insure early to rise.

We need to repeat it over and over to our hurrying, anxious, toiling American men and women: Rest, rest, and again, rest. Do not think time ill spent that is spent in repairing the ravages of our well-nigh incessant activity.

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**Surgical Terminology.**—At the Surgical Congress held at Paris, in April last, Dr. Ferrier treated of hepatic surgery (*Pac. Med. Jour.*) and gave specimens of the enriched vocabulary of that rapidly growing department. Among the terms mentioned were hepaticostomy, hepatostomy, cholecystostomy, choledocholithotripsy, cholecystenterostomy, cholecystolithotripsy and some others; nearly all of them are derived from the Greek language and expressing some newly proposed operative modification.

**Medical Associations and Medical Legislators.**—The Mississippi Valley Medical Association boasts (*Lancet*) one great advantage over similar bodies—"that nothing can be discussed during the sessions save and except science." All ethical matters are referred to committees whose decisions are final. "Precious time is not allowed the demagogue or the medical legislator." Does the Mississippi Association mean to imply that "demagogues and medical legislators" are allowed too much rope in other scientific medical bodies? The charge is a curious one, which we leave other associations to answer.

**Galen's Hymn to the Creator.**—According to the *Med. and Surg. Rep.* the following is given in "Pettigrews Medical Biographies:" In my opinion, true religion consists not so much in costly sacrifices and fragrant perfumes offered upon his altars, as in a thorough conviction impressed upon our own minds, and an endeavor to produce a similar impression upon the mind of others, of his unerring wisdom, his resistless power, and his all diffusive goodness. For his having arranged everything in that order and disposition which are best calculated to distribute his favors to all his works is a manifest proof of his goodness which calls loudly for our hymns and praises. His having found the means necessary for the establishment and preservation of this beautiful order and disposition is as incontestable a proof of his wisdom as his having done whatever he pleased is of his omnipotence.

**An Ohio Shot-Gun.**—The following is contributed to the *Prescription* by Dr. J. W. Ward, who states that he employed it naso-pharyngeal catarrh:

℞ Bicarbonate soda, ℥ij.
Biborate soda, ℥ij.
Benzoate soda, gr. v.
Salycilate soda, gr. v.
Eucalyptol, gr. iiss.
Thymol, gr. iiss.
Menthol, gr. 1¼.
Ol. gaultheria, gtt ij.
Glycerine, ℥xvij.
Alcohol, ℥ss.
Aquæ, q. s. ft. O j.

M. Sig. Use with spray 3 or 4 times daily.

This he has found in his practice, when everything failed, seemed to cure.

**International Medical Congress.**—The last week in September has now been definitely fixed upon as the date for holding the International Medical Congress next year at Rome.

**Diseases in Corea.**—A Corea correspondent of the Boston *Medical and Surgical Journal* states that diseases incident to liquid transmission are plentiful—typhoid, dysentery, etc., as under similar conditions elsewhere. One peculiar form of ulcer is that resulting from the punishment inflicted by beating with sticks. Such are slow to heal. These occur frequently on the shin. Fevers of continuous type are common, probably due to thermic and malarial origin. Specific disease, leprosy, hydrocephalus, glandular degenerations, etc., are frequently observed. Fistula *in ano* is often a troublesome thing, becoming very extensive. Some native persons wear large crystal glasses with tortoise-shell frames—probably as protection against the heat, glare of the sun, dust, and the wind. As, formerly the government prohibited the use of tobacco; so, lately they have tried to prevent the introduction and use of opium—with ill success. Evidently education in self-control is more potent than order of precept by king, priest or parent.

The government hospital is adapted for, probably, fifty occupants, being made similar to the average house—of wood, straw-plaster walls, thatch or tile roof. Successful surgical practice has earned the royal esteem for American physicians.

**Poisonous Celery Seeds.**—According to the London correspondent of the *Am. Pract. and News*, on account of the recent cases of illness caused by poisonous celery seeds which had been used as flavoring for various dishes, the public analyst for Paddington has made an analysis of the suspected seeds. The bottle from which a poisonous dose had been taken contained three ounces of seeds. Each of the others experimented upon three and a half oudces of seeds. The first bottle was found to contain 10,000 parts by weight only five parts of celery seed, the rest being henhane seeds. Another bottle in 10,000 parts contained 106, and the third forty parts of celery seeds, all the rest being henbane, so that for practical purposes two of the bottles were filled with henbane seeds, the largest proportion of true celery only amounting to 10%. The seeds were in bottles of dark colored glass, so that the colors and form of the contents would not be noticed without taking them out. It is now considered that in gathering the seeds no mistake could have been made, the plants being so entirely different, and that the presence of so small a quantity of celery seeds was probably an accident. The twenty-four bottles which were found at the shop from which the original bottle was procured had no doubt been inadvertently labeled as containing celery seeds, as it is hardly likely to have been a matter of adulteration, else the celery seeds would certainly have formed a fair proportion of the whole

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**The Quacks in Sydney** are having a lively time of it says the Australian correspondent of the *Bulletin of Pharmacy*. The City Coroner is holding the fullest investigations in every case of death where the patient dies under the treatment of an unqualified practitioner. The consequence has been that public attention has been specially called to the state of the law in this colony, which affords no protection to the qualified medical men, and which inflicts no penalty on those who practice medicine without any proper medical training or qualification. The medical profession is very greatly over-manned in Sydney, and so much rivalry exists among medical men that they cannot secure unanimity of action. One of the late causes of dispute has been that many qualified medical men are taking to advertising in the daily papers, and the more orthodox practitioners regard this as such a serious breach of medical etiquette as to prevent their meeting in consultation any practitioner thus offending. Further, there was a movement to try and prohibit these men from registration under the proposed Medical Act, and to make it an offense for which a doctor could be erased from the list of licensed practitioners. This met with very little public support, and if the sentiment of the public will guide matters, medical men will be allowed to advertise as and how they please, and until medical men arrive at some better understanding among themselves they will continue to suffer from the inroads of the quacks on their profession.

**Yellow Fever before and after Columbus.**—Dr. Charles W. Finlay contributes a very valuable paper on this subject to the *Clinatologist*. He has taken great pains in his researches and he has found valuable historical evidence in the "Maya" documents. He says: The early history of yellow fever had for a long time been shrouded in mystery. Some authors, upon very slender grounds, attributed its first authentic appearance on this side of the Atlantic to an importation from Africa, through the slave-trade. Others attempted to identify it with diseases described in the Greek, Roman, or Arabic writers of ancient and medie val ages; a theory which Dr. Joseph Jones, of New Orleans, has taken the pains to exclude in reviewing all the epidemics mentioned in the European literature of those days. Finally, a third group, among whom we find Dr. Stanford Chaille, who presided, in 1879, over the U. S. Yellow Fever Commission, inclined to the belief that our present yellow fever is no other than the pestilence which decimated the Spanish colonists or invaders upon their first arrival at Santa Domingo, Darien, Nombre de Dios, and Vera Cruz ever since the days of Columbus, and which is mentioned under the names of *peste* and *pestilencia* by contemporary Spanish chroniclers. It was not, however, until seven or eight years ago that light began to be thrown upon the subject. Dr. Berenger-Ferand, in Paris, and the writer of this paper, in Havana, without any knowledge of each other's researches, both presented about the same time a collection of historical data tending in each case towards the same conclusions. Those formulated in two papers read by the writer before the Havana Academy of Sciences may be thus summarized:

1. Before the discovery of America by Columbus, yellow fever was endemic upon the Atlantic coast of New Spain (at Vera Cruz in particular) and of Terra-firma (Darien, Nombre de Dios). In these localities the disease was probably perpetuated through the communications with the colder and more elevated inland regions, whence the arrival of susceptible subjects might enable the morbific agent to be incessantly reproduced.

2. The Carib Indians of the West Indian Isles, during their frequent excursions to the coast of Terra-firma, where they are supposed to have procured their arrow-poison, must have picked up the germs of the *pests* and carried it to their respective islands, developing now epidemics among such subjects as were at hand and liable to contract the disease.

3. In the island of Santa Domingo (Hispaniola), excepting, perhaps in its Southern province of Higney, occasionally visited by the Caribs, no invasion of the pestilence had probably occurred within several years previous to the discovery. Columbus appears to have become "acclimated" through an attack contracted on board of his vessel in 1494, on the coast of Higney. The first general epidemic, however, only broke out in Hispaniola in the year of 1495, when it destroyed the majority of the Spaniards and also one-third of the indigenous population. After that occurrence the disease must have taken a permanent footing on the island, continuing thereafter to exhibit the same alternations and to produce the same immunities that it does at present in these islands.

4. The island of Cuba, notwithstanding its proximity to the point of infection, enjoyed a remarkable exemption, due, perhaps, in some measure to its milder climate, during the first hundred years that followed its colonization in 1511. In 1620, many deaths occurred in Havana, from Jnne to November, in consequence of "pernicious or malignant fevers" which also attacked the shipping, having been, probably, imported from Terra-firma or Vera Cruz by the "*flota de Indias.*" In 1649, the pestilence was again introduced and extended over the whole island, destroying one third of its inhabitants. Its ravages were renewed in the succeeding year until 1655. After that date the disease may have persisted in a milder form, attacking now and then susceptible subjects and occasioning the death of some foreigners of note, but the nature of the malady was not recoguized. In 1761 the disease now characterized as "*black vomit*" was definitely imported from Vera Cruz, and since that time a series of circumstances, such as the occupation of Havana by the British forces, the opening of the post to general commerce, and the continuous arrival of immigrants from Spain, have combined to make of Havana an endemic focus where the disease has been prevailing with variable intensity, according to seasons and years, over a period of 130 years.

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**Aperient Pill.**—The following is an excellent formula for an aperient pill (*Coll and Clin. Rec.*):

℞ Aloin, - - - - - - gr. 1/6.
Strchniæ sulph., - - gr. 1/40.
Extract. belladonnæ, - - gr. 1/8.
Ext. cascaræ sagradæ, - - gr. j.
M.
Sig. One at bedtime.

**A Deodorant.**—When, in case of carcinoma of the uterus, a deodorant is required, the following combination will prove useful (*Doctor's Weekly*):

℞ Acid. salicylic., - - - gr. viij.
Sodii salicylat., - - - - ʒiij.
Tinct. eucalypti, - - - ʒvj.
Aquæ destillat., - - - ℥vj.
M.
Sig. Three tablespoonfuls are added to a pint or two pints of water, and used as a douche every three or four hours.

**Disordered Condition of the Primæ Viæ.**—Dr. J. M. Hays, of Oxford, N. C., uses the following for a furred tongue—large and flabby, with a bluish cast—anorexia, constipation, perhaps alternating with diarrhea, slight headache, general lassitude, sleeplessness, loss of interest in business and pleasure (Brooklyn *Med. Jour*):

R Podophyllin, - - - - - gr. x.
Tinct. nux. vom., - - - - ʒj.
M.
Sig. Shake and take from five to eight drops in a little water before each meal.

**Psoriasis.**—Dr. Thibierge recommends the following which he says is less rapid than chrysarobin, but possesses the advantage of not being toxic (*Prescription*):

℞ Naphthol, - - - gr. xxv–l.
Ether., - - - - - - - q.s.
Adipis, - - - - - - ℥j.
M.

We have found the following a very good mixture for the purpose and giving rise to no toxic symptoms:

℞ Acid. salicylic, - - - - gr. xij.
Chrysarobini, - - - - - gr. vj.
Ichthyol., - - - - - - ʒss.
Ung. Aquæ Rosæ, - - - ℥j.
M.

**For Hoarseness.**—Whitla states (*Med. and Surg. Rep.*) that, in addition to the measures employed in the treatment of the causative condition, the following formula will prove useful in the amelioration of hoarseness:

℞ Acid. tannic., - - - - - ʒj.
Pulv. sodii biborat., - - - ʒj.
Tinct. capsici., - - - - - ʒss.
Aquæ rosæ, - - - - - ℥x.
M.
Sig. To be used frequently as a gargle.

**Special Tonic (Bellevue Hospital).**—According to the *Lancet-Clinic* the following is the formula:

℞ Sulph. quinine, - - - - - ʒss.
Tinct. nux vomica,
Tinct. chlor. iron, - - aa ♏160.
Dilute phosphoric acid, - - ℥j.
Syrup to make, - - - - - ℥iv.
M.
Sig. Dose, a teaspoonful.

**Cigarette for Asthema.**—A cigarette of the following composition is recommended (*Gaz. degli Ospit.*), in the treatment of asthmatic attacks:

℞ Stramonium leaves,
Pulverized green tea
leaves, - - aa 4 parts.
Lobelia leaves, - - - 3½ "

Mix and soak in a saturated solution of the nitrate of potash, then allow them to dry and preserve them in a hermetically closed receptacle.

**Constipation.**—The following appears in *Annals of Gyn. and Ped.*:

℞ Ext. cascaræ sagradæ fl.,
Glycerinæ, - - - aa ʒi ♏xx.
Aquæ, - - - - q.s, ad. ℥ij.
M.
Sig. A teaspoonful at bedtime to a young infant.

When the stools are hard and clay-colored, the following has been recommended by Ringer:

℞ Resinæ podophylli, - - - gr. j.
Alcoholis, - - - - - ʒj.
M.
Sig. One or two drops on sugar three times a day, to infant one or two moths old.

**Rheumatic Bronchitis.**—Dr. N. S. Davis recommends the following:

℞ Sodii salicylatis, - - - ʒvi.
Glycerinæ, - - - - ʒiv.
Vini. colch. rad., - - - ʒvi.
Syr. scillæ comp., - - - ʒiss.
Tr. opii camph., - - - ℥ij.
M.
Sig. A teaspoonful every three or four hours, in a little water.

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**The Way Drugs are Sold.**—Twynn.—I hear that Sumway's book is a drug on the market.

Triplett.—He gets ten times its value for it, does he?

**Effie.**—That is the new doctor, and those are his children.

Maud.—How ugly his children are!

Effie.—Well, naturally! Of course, doctors have got to keep the ugly ones themselves, you know.

**Smith,** commercial tourist, returned rather unexpectedly and met his friend Brown who noted that he was down in the mouth. To a question, Smith remarked: "Just got in and found my wife in bed with cerebro-spinal meningitis." Brown, with an effort, mastered his emotion and promptly remarked: "Come along, I'll go your bond. Of course you killed the dago —— ——!"

**The Daughter** of Dr.——, a little girl, five years old, has a very inquiring mind. Her father always endeavors to answer her numerous questions in such a manner that she will understand.

For breakfast one morning there was liver and bacon, to which Ethel was helped. She said that she did not want it, she preferred meat. Her father told her that they were meats and that one came from a calf and the other from a pig; adding, "you have a liver," and pointing to its location. Ethel was silent a moment, and then said, "Well, if my liver is there, where is my bacon."

**Placebo** is as good a name as his actual cognomen. He has practiced medicine in New Orleans forty years in a routine-like manner, his pharmaceutical education being limited to quinine, calomel and salts. His traducers say he has no diploma and never has he been nearer a medical college than the opposite side of the street.

The other day an eccentric old lady patient of his took a notion that she was very ill and insisted on a consultation with a wag of a doctor. Placebo in his efforts to make a case showed his ignorance, for the would-be patient was not even ill. The consulting physician inquired as to the treatment and was apprised of the routine system so well known. He complimented Placebo and as they left the house in a most fraternal mood quoth the wag, "Say, Placebo, do you know you are the originator of the Faith Cure?" "How," said Placebo. "Well, you have worked by scriptural injunction, these many years, according to Hebrews; chapter xiii, verse 8, 'Jesus Christ yesterday, to-day and forever Amen

**Railroading** has not extended back quite 30 centuries yet, but it is also a noticeable fact that war decreases as railroads multiply.

**A New Enterprise** of very creditable proportions considering the hot weather has just been organized as the Illinois, Kentucky & Virginia Railway Company to build a road from St. Louis via Cairo to Norfolk, Va., a distance not far from 1,000 miles.

**The Simplon Tunnel,** the construction of which is about to be commenced, will be the largest tunnel in the world, having a length of 12.6 miles, more than the the St. Gothard. It will connect the Wallis railway, now terminating at Breig, Switzerland, with the railway system of northern Italy and reduce the journey over the Simplon pass from eight and a half hours by carriage to about 45 minutes by rail. The estimated cost of this great work is over $17,000,000 and its construction is expected to occupy eight and a half years.

**Trim the Car.**—Railroad men delight in telling mean stories about one another, particularly when they are on rival roads (*Seattle Post*). Here is one that was told about a certain superintendent who has the reputation of trying to get credit for a large amount of knowledge on a small capital. He was traveling on one of his trains and wandered into the baggage car, seeking something to find fault with. His eye fell on 10 sacks of potatoes stacked on one side of the car, and he sternly asked the baggageman: "Why don't you trim the car?" "Oh, I just put them all there because the curves are all high on that side," was the reply. The superintendent went away satisfied and the baggageman snickered as soon as his back was turned.

**The B. & O. Relief Association.**—The following extracts from a letter written by a prominent member of our association to another member are self-explanatory (*Railway Age*):

I have carefully examined the sixth annual report of the Baltimore and Ohio Relief Association, and must say that I think it rather superficial and unsatisfactory. My observation compels me to class it as the least satisfactory of all railway benefit associations. My personal experience has always been with the railway hospital system as used an the Missouri Pacific, Union Pacific and a number of western roads, which I think proves best and most satisfactory to the management, surgeons and employes. The expense to employes is trifling and the benefits are inestimable. I am convinced that this system (the hospital system) does spare the company many expensive damage suits.

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# MEDICAL REVIEW.

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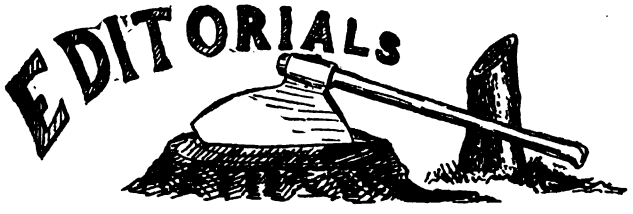


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Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Specialist and Limitist.

As the French say this is a *fin de siecle.* Everything is being modified, changed, and altered to such a degree that familiar things have become unrecognizable. This kaleidoscopic transmutation is one observable in all the affairs of men and medicine has, by no means, escaped. The profession of medicine has suffered many mutations during the past fifty years. It is within the memory of the older practitioners when a condition, far different from the present, existed. The leading surgeon was *facile princeps* of the physicians as well. His opinion was always sought in difficult cases, no matter what their nature might be. He was the accoucheur par excellence; in fact, he was the type of the Admirable Crichton in the medical domain. His prototype still exists to-day in the Army Surgeon who is called upon to fill every function of the physician, surgeon, and obstetrician. With this exception, what a change is there! To-day, the results of a complete revolution are apparent and the end is not yet. The facilities of communication have rendered the former state of affairs almost an impossibility. The increased opportunities of acquiring a medical education and knowledge have also contributed to this change, not to mention the profuseness and accessibility of medical literature both periodical and biblical.

Our readers know what the first radical change was—specialism. The specialist came into being and upon his first appearance he created alarm, notwithstanding the fact that forty centuries before he flourished under the shadows of the Pyramids. The records of all the ancient civilizations bear written or other testimony to the fact that the medical specialist existed and flourished, was looked up to with more than the usual veneration accorded the priest-physician and was eagerly sought after by the ambitious neophytes who were desirous of penetrating beyond the aditum in the sacred inner temple behind the veil. The alarm which the advent of the modern specialist gave rise to, did not last long and soon subsided. But, after this matter is settled to the apparent satisfaction of every one, we are confronted by a new order of things. The old schools of philosophy were not more adept at inventing questions than are our modern sophists at hair-splitting. The acuteness of wit and exercise of talent displayed in these modern philosophical distinctions, of a more or less logical character, are certainly worthy of a better cause.

The term "specialist" does not seem to suit a certain class who propose coining a new word to cover what they claim is an entirely different condition. For this they wish to employ the expression "limitist" which, according to this claim, possesses no ambignity and would have the effect of forcing the true condition of affairs to assume that position which properly belongs to it. To explain the argument more clearly example may be better than precept. Thus, a physician doing a general practice takes a liking to a certain class of diseases, we will say nervous. He devotes more attention to these, attains more skill in their treatment; and, in time, he is recognized as possessing more than ordinary skill in their recognition and management. As a natural sequence, it follows tha he has a preponderence of this class of cases and becomes a "specialist." This implies that he specializes on the subject of nervous troubles and generalizes upon all other diseases. He devotes special care and attention to a particular line of morbid phenomena and develops a special aptitude a

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well as capability in this line. Such is the specialist according to the newer definition.

Should this same individual find that the number of cases of nervous affections becomes so great as to occupy all the time he cares to devote to the practice of his profession, and should he so desire, and treat no other troubles he becomes a "limitist." He limits his practice to one class of diseases exclusively and, it is argued, he thereby becomes a limitist. Another instance is where, after graduating, the physician continues his studies in medicine, limiting himself to one class of disease. In the course of time he begins to practice and limits his practice *ab initio* to these disorders.

It will be seen that this is rather a fine distinction, but that it will ever be adopted is another question. We hardly think that the term "limitist" will ever become popular. It lacks euphony, and as a title is not endowed with that popularity which "specialist" has so long enjoyed. The public would have to be educated to a proper appreciation of the distinction and, as every one knows, educating the public in general is not a paying occupation. We are inclined to the opinion that the proposed change will not be met with any degree of enthusiasm by physicians, who have become so accustomed to the old term that an innovation of so radical a character will not be accepted upon its first presentation.

We are rather in favor of designating men who practice a specialty exclusively by a separate and distinctive title indicative of the particular branch to which each one devotes himself. Let one who treats none but nervous diseases be known as a neurologist; ear diseases, an aurist, etc. Calling any one a "limitist" in nervous diseases or ear diseases is not only awkward but cumbersome and to the uninitiated would prove a mystery.

**Sobriety** is an essential quality in a medical examiner for life insurance companies says the New York *Medical Examiner*. In this regard it exclaims: What shall we say of the intemperate physician in his capacity of medical representative of a financial institution? We will not discuss him in his commercial relations, as we meet him in the chemical laboratory, as a teacher in medical colleges, as an expert where the life or property of individuals or heirs at law are at stake. We have not the time and our article has become too long already, but we will say a few words in regard to his relation to insurance companies.

In this capacity he should certainly be clear headed, for, as we have before remarked, every scratch of his pen and his every action and opinion are here recorded; every word that he writes has a commercial value, and before he can have an opinion he must draw a conclusion, and this conclusion is based upon certain facts which he has found to exist by original investigation. He must personally examine and ascertain and know the condition of the body and mind of the party examined before he can record the condition of the same. Now, in order to do this the examiner himself must be in a proper condition to perform this duty; if not, he pretends to do that which he is not capable of doing, and from this point there flows a train of consequences which are important. His action is dishonest, and, as the law says, a structure built upon a fraudulent foundation is itself fraudulent.

**Good Advice** is given, in his retiring address to the Delta Co. (Tex.) Medical Society, by Dr. H. B. Lain. He states, among other things, that a physician should not only be ever ready to obey the calls of the sick, but his mind should be imbued with the greatness of his mission and the responsibility he so constantly incurs in its discharge (*Texas Courier Record of Medicine*).

These obligations are still the more binding and enduring because there is no higher tribunal than his own conscience to adjudge penalties for carelessness or neglect. We should, therefore, minister to the sick with due impressions of the importance of our office and sacred calling, and reflecting that the ease, the health, and even the lives of those committed to their care depend on their skill, attention, and fidelity.

They should study also in their deportment so as to unite tenderness with firmness, and condescension with authority, as to impress the minds of their patients with gratitude, respect, and confidence.

Secresy and delicacy, when required by peculiar circumstances, should be strictly observed, and the familiar and confidential manner in which the physician is admitted in his psofessional visits should be exercised with the utmost discretion, and with the most scrupulous regard to fidelity and honor. The force and necessity of these obligations are so sacred that the physician has been under certain circumstances protected in their observance by courts of justice.

There is no profession from the members of which greater purity of character and a higher standard of morals is required than the medical; and to obtain such an eminence is a duty every physician owes alike to his profession and to his patients.

**A Dead Letter** is what the New England *Medical Monthly* dubs the Code of Ethics. It goes on to say: By "dead letter" we mean that the law is not enforced, that the fundamental law of the American Medical Association is the Code of Ethics, and no member of any medical society in the United States can be a member of the Association, unless that society submits to the code, or the member when he joins does the same thing. Now there was a member of the Board of Trustees, a man who not only had not submitted to the Code of Ethics, did not believe in the Code of Ethics, but had been President of a State Medical Society which had decidedly declared against the Code of Ethics, and yet he was an officer of the Association.

Is not the Code a "dead letter?" Yes, it is so dead we

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believe it will never revive again. We feel satisfied that the next meeting of the Association will see it either abrogated entirely or so amended that it will mean nothing. There is no doubt but that this is the feeling of the majority of the profession in this country, and like a good American we believe in the majority ruling, whatever our present or past opinions may be or have been. If you keep your eyes open just a little bit, and put your finger on the professional pulse ever so little, and if you do, do so with an eye in sight to careful prognosis you will exclaim, It is dying, dying, and will not live longer than next June, when it will be interred at Milwaukee.

**The Editorial Advertisement** is castigated by the Cleveland *Medical Gazette* in the following manner: A recent issue of our cotemporary, the "*Clinical Gum Lance*," affords an illustration of the editorial advertisement. Taking for a heading a seasonable topic sufficiently remote from the real subject to beguile the reader it starts out with sunstroke as the usual effects of heats on adults, proceeds to the changes occurring in milk and the result upon the infant population, advises the sterilization of milk, prescribes for "looseness of the bowels" and circles round to its ultimate object a recommendation of the great "Mallificator." What cared its author if his looseness in scientific terms and teaching was equal to the looseness of the infant's bowels? What matter if he failed to state whether the tablespoonful doses of chalk mixture after every stool were for a child of four months or of forty years, or to begin before, after or between feedings?

What difference does it make that, although malt diastase acts only on starches, its use is advised along with the sterilized milk? There might happen a few potatoes in the stomach of this carefully dieted baby.

The lack of logic or science in articles of this kind is nothing worth consideration to their writers. Neither sense nor science are essential ingredients in this concoction. They are only intended to be a pseudo scientific rigamarole to trick readers into perusing the name of some ware or other for sale. The times are such that we have grown to expect such traps in the newspapers; has it come to pass that the medical press is also to be disgraced? Every sensible reader feels degraded at seeing a member of his profession sell himself out in this disgraceful way. What headway can we make against quackery and the patent medicine craze when those in the profession, who should be teachers of ethics and champions of professional honor and dignity, indulge in this professional prostitution?

**Graceful Retreating** is thus spoken of by the Maryland *Medical Journal*: Among the many practical lessons that are not taught in the schools is that of retiring in good order when vanquished at any point in a therapeutic contest against disease. Every young physician is at times humiliated almost beyond endurance by finding that his best efforts terminate in failure. The experienced therapeutist has learned by sad reflection to snatch victory from the very jaws of defeat. If retiring daily before an invincible disease, he keeps his face to the foe, replaces each vanquished agent calmly and quickly by another of well-tested virtue, and leaves no rows of half empty bottles to mark, like unburied corpses, the line of his retreat. He neither, like the lover of newly imported and untried remedies, risks annihilation by rash charges; nor does he, like the therapeutic agnostic, withdraw into the fortified camp of inaction and leave the field to the enemy; but realizing that his duty is to fight wisely, he ever keeps the field, whether advancing cautiously, or retiring with face to the foe and seeking to learn the causes of his defeat. He will never "give up the patient's case, because nothing more can be done." Help comes sometimes from most unexpected sources. The "weather changes," bringing convalescence. Or an attendant or relative suggests some local simple which meets the emergency, and takes its place forever after in the doctor's armamentarium. Or, moved by unseen impulses, the patient, if hysterical, may take pity on the doctor and get well; and if he has retreated wisely and reluctantly before her superior tactics, and gained her respect, she will almost invariably so capitulate at the last moment, and will ever afterward choose him as a physician.

**Laxity** in business matters will explain the apparent lack of success of many a physician (Canada *Lancet*); others from indolence or overwork, neglect giving proper attention to their collecting, while others from failure realize the value of their own services, prostitute medicine by greatly insufficient fees. Another factor not to be overlooked in Canada is that the people have little money; that is relatively speaking. Just regard for the poor and unfortunate is a duty which very few physicians are inclined to evade. The laborer is worthy of his hire, and there is no more worthy laborer than the conscientious physician. He is under no obligation to deprive himself or family of remuneration justly due him from the well-to-do.

By cutting rates he gains nothing in the long run. He injures not only himself but his fellow-practitioner, by degrading the value of medical science. There is, perhaps, no more fruitful source of loss than laxity in rendering bills. There is great truth in the old saying, that short accounts make long friends. It is frequently said that doctors' bills are hard to collect; the fault is frequently the medical man's, he neglecting to render his account until such a time as the patient has ceased to be grateful, not a very long time, as a usual thing. The old rhyme "When the devil was ill," etc., being very applicable to the subject under discussion. The age of long credits in commercial life has gone. This is largely true of professional work in the great centers of population. In some country localities and among certain city physicians, it is not true. They allow accounts to run for months or years without rendering a bill. The doctor's bill thus becomes a formidable thing

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and difficult to pay; and must usually be discounted. It is not proper or dignified to place anything on a bill that will seem an apology for rendering it, such as the statement, "Bills rendered monthly."

**A Rebuke** is administered to Keeley by the *Hospital Gazette* in a recent issue. It publishes the reply of Dr. Keeley to Dr. Kerr, which appeared some time since in the *British Medical Journal*, and it goes on to say: But we have a duty to perform both to our professional brethren and to the British public, and we shall discharge that duty without fear or favor in this case as we do in every similar case that comes under our notice. Dr. Keeley comes to this country with a so-called "cure" for inebriety, details of which he refuses to disclose. Having no legal right to practice medicine in this country, it is necessary to get some one with an English qualification to work it. It is scarcely necessary for us to remind our readers that the use of a secret remedy is contrary to the first principles of medicine as recognized in England, and if any English physician undertakes to supervise the working of a secret remedy he must expect his conduct to be criticised and dealt with in the usual manner. The question whether the "cure" contains gold or not is of minor importance. Whatever may be its composition, Dr. Keeley could take the profession in this country into his confidence. Until he does this, no English doctor can have anything to do with the "cure" with honor to himself or credit to his profession. It will be observed that Dr. Keeley violently attacks Dr. Kerr. No doubt Dr. Kerr will be able to defend himself.

**Secret Remedies** and methods are condemned in no unmeasured terms by the *Provincial Medical Journal*. This publication says: We hold that if any medical man possesses a remedy for disease he should establish his claim before his peers—the members of his profession. He should prove to them that he can accomplish what he professes, and he must explain the means and the agent he employs. He must in a word proclaim the nature of his remedy to the medical world. We do not allow of patents. We may occasionally be compelled to purchase patent articles in the interest of our patients, but we discourage and condemn the practice of protection. This is uncommercial, but there is some justification for the custom. Whatever we know of medicine we have inherited: we have been taught by the great teachers of medicine. They made no secret of what they knew; they threw their learning and experience into the common fund of knowledge, and we have all received it without restrictions. One generation has handed on to another the great truths of medicine; secrecy has been condemned ever since the time of Hippocrates. The general principle which underlies this condemnation was framed on the very broadest lines for the interest of humanity. Medicine would not have reached its present position under any other conditions. It may at first sight appear rather hard to compel a medical man to reveal the name of the secret remedy he may have, or to explain his new method of operation, but we must remember that this very medical man has himself received openly the knowledge he possesses of medicine, and no secrets have been kept from him. We need not attempt to defend this great canon of medicine. Devised in the best interests of humanity and of medicine itself we cannot sanction any deviation from it, and we have no other course open than to decline fellowship with any medical men who sets this law at defiance, for it must be remembered that this custom is not one confined to English-speaking races but is exacted in every civilized country. The public are protected from quackery by this enactment. A. B. and C. might profess to have a cure for epilepsy. We say to them here are some cases of epilepsy, test your remedy on them. A. B. and C. may be honest or may be charlatans; if honest and scientifically interested in their remedy they will be gratified at an opportunity of exhibiting to their confreres their remedy. They may be self-deceived. If they are honest, and the remedy fails when tested under fair conditions by other members of their profession, they will abandon the method of practice. If, however, A. B. and C.'s remedies are successful, the profession will at once take them up, and as it has happened in the past, A. B. and C. will not suffer by the experiment undertaken. But if they be charlatans, and their only desire is to make money, they will still persist in selling their remedies, but the profession will not bestow its patronage, and as the result has been in the past the remedy will have only an ephemeral existence. There is an excellent society in Great Britain devoted to the study and cure of intemperance; it has pronounced unfavorably on the gold cure. We are not sanguine enough to expect that the voice of this society will be listened to at present, but the time will come when it will be seen that it has discharged a high public duty in condemning the gold cure craze.

**Electropathic Amulets** are but a modern phase of a very old condition. The *British Medical Journal* says: Primitive medicine dealt largely in amulets. Savage medicine men have always employed them in their art. In the South Sea Islands, when a patient sends for the disease charmer to dismiss the demon of sickness the "doctor" always asks for part of his fee on account, so that he may purchase the necessary charms which usually consist of a few pebbles, a fish bone, a dog's tooth, and other rubbish. The amulet has always been with us; it was used by the priests of ancient Egypt; the Greek physician did not discard it; "Abracadabra" was a potent charm; Pliny was devoted to amulets, Pascal always wore one, and amongst all peoples in all times not alone the lowest and most ignorant but the more cultivated and educated, have hung something round their bodies or carried about with them some worthless object to cure their disorders or protect them from evil. The amulet of the last decade of the

nineteenth century is the "electropathic" belt. Electricity is so little understood by non-scientific people, yet works such wonders daily before their dazzled eyes that it is as mysterious to the great mass of civilized mankind as the potent drug, the deadly juices of a plant are to the naked savage in a tropical forest. It is a sort of living being, a wonder-working spirit that can do anything. We can hardly be surprised, therefore, that the mysterious force which lights our streets, drives our engines, carries our messages, and executed our criminals should be thought to possess in properly regulated doses some curative effect. Our nervous system is suggestive of electrical action, from our childhood we have been accustomed to shocks from a toy battery and even fashionable physicians use currents of electricity in the treatment of various forms of disease.

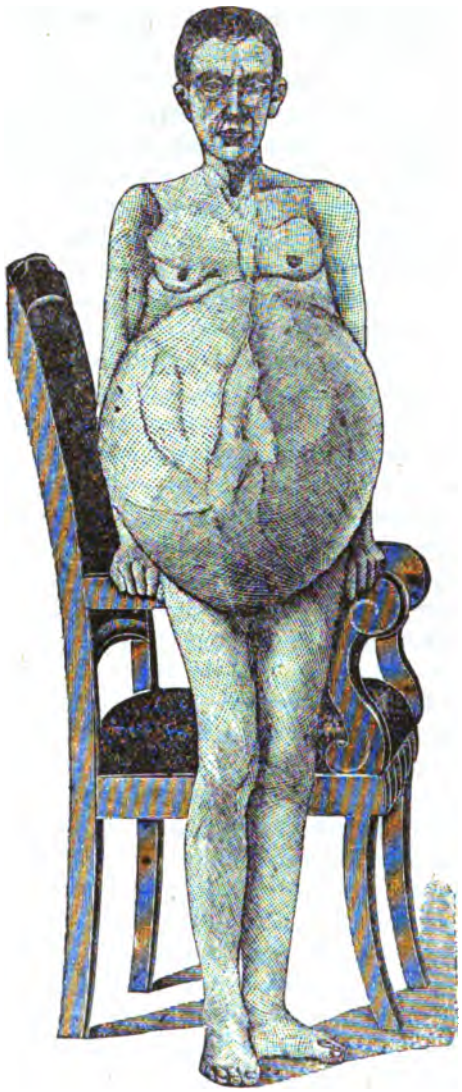
Here then was a grand opening for the quacks who ever hover about the fields of medical practice. The mystery man saw his chance, the goddess Elektra was harnessed to his gilded chariot, science perforce must blow his trumpet, the triumphs of Edison helped to sell electric belts, and Faraday helped counter jumpers to become "specialists" in hernia. The faith in amulets, unhappily, cannot be destroyed by any demonstration of their intrinsic worthlessness; it is in vain that we turn out the contents of the medicine man's greasy bag, or strip the shark's tooth of its manifold wrappings, the charms are believed in just the same.

**Improved Auscultatory Percussion.**—The following is contributed (*Med. Rec.*) by Dr. F. W. Koehler: While practicing auscultatory percussion in the usual manner not long ago, the idea struck me that it would be an advantage to have a percussing apparatus inside the cylinder of a stethoscope. The dentists have an instrument, used for plugging teeth, the principle of which can, quite readily, be utilized in constructing such a percussion stethoscope. It consists of a cylinder which contains a metal rod, and has attached to one end a rubber bulb by means of a section of tubing. On compressing the bulb the metal rod is driven down, and on relaxing it is drawn up.

The force of the blow given by the rod is of course dependent on the force exerted in compressing the bulb, and is therefore under nice control. In adapting this mechanism to the stethoscope only one additional part is necessary, viz, a plessimeter.

This is attached to the margins of the bell of the stethoscope in such a manner that its surface projects slightly. It is, however, so attached that when the stethoscope is pressed upon the body of the subject to be examined it is forced back, thus allowing the margins of the bell to come in contact with the flesh. The plessimeter remains, no matter what the position of the subject may be, in close apposition to the body. On compressing the bulb of the instrument the metal, or, better, hard rubber, rod is driven down on the plessimeter and the characteristic sound of the part percussed is conveyed with great clearness to the examiner's ears.

**Enormous Ovarian Cyst.**—Dr. T. J. Crofford reports an interesting case of the successful removal of an ovarian cyst (Memphis *Medical Monthly*) among other cases. He states that Mrs. H., of Arkansas, aged 62 years, was the subject of a very large polycystic ovarian tumor (see figure) of six years' duration. It



had been tapped seven times, and she was proposing to have it again emptied, when her husband came over to consult him upon the subject of its removal. He advised him to bring her at once to the Sanitarium without drawing off any of the fluid, preferring to operate as it was. The patient was much withered and exhausted from lugging around the enormous growth. The adhesions, as expected, were firm to the abdominal

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wall in front, so dense as to pull off the parietal peritoneum and cause free hemorrhage from many places. The fluid was rapidly evacuated through the trocar and through openings torn into the sac from separated adhesions.

The fluid filled three ordinary water buckets—the colloid material and sac added to this making altogether seventy five pounds in weight. The operation was performed December 28, last. The patient made an excellent recovery and is since in all respects well.

**Symptoms of Adder Bite.**—The following appears in the *Hospital Gazette*: The realistic account given in *Nature* of the symptoms following a bite by an adder is contributed by a gentleman who was unlucky enough to find himself enabled to furnish reliable details, and does not increase one's desire to repeat the experiment. The adder "went" for his thumb, and although he followed Queen Eleanor's heroic example in his own person, the arm and hand soon assumed phenomenal dimensions, followed by a peculiar taste in the mouth and, *horresco referens*, by a sensation of "swelling in the teeth." This must be a feeling at least as distressing as it is unprecedented, but if the swelling in the teeth was a subjective phenomenon, that of the tongue was unpleasrntly objective. The next series of symptoms comprised excruciating pains in the "stomach and heart," not to be described by words (probably on account of the tongue being too voluminous to move), and for two days the arm rivalled the leg in size. It is with a feeling of positive relief that one learns of the victim's ultimate recovery, and one's satisfaction deepens into admiration on learning that instead of destroying the reptile at once with premeditated ferocity he has given it a local habitation and a name, and feeds it methodically with small frogs. He should, however, have a care, lest the fable of the man who took a frozen serpent to his bosom receives a practical application in his person. Vaccination in this case probably does not ensure immunity.

**Are the Major Operations Justifiable in the Case of "Bleeders"?**—C. Bertrand ("Heidelberger Inaug.-Diss.," Wiesbaden, 1892.) bases his opinion on a case of amputation of the thigh, orrried out by Cramer in the St. Joseph's Hospitale, Wiesbaden. The result in this instance was good. Other equally favorable results in cases under Schede, Czerny, and Muller, of Aachen, lead Bertrand to the following conclusions: The danger of operations in "bleeders" has been overrated. The danger lies in parenchymatous hemorrhage; the larger vessels do not bleed more freely in hemophilic than in normal individuals. Major operations can be very well carried out in "bleeders," if the following precautions are taken: very careful ligature of the smallest vessels, firm pressure, and in case of need, the cautery or plugging with wood dipped in perchloride of iron. The antiseptic precautions must be thoroughly carried out, as secondary subcutaneous or intra-muscular hemorrhage increases the danger of suppuration. The heredity of the disease is limited in its frequency, as shown by the cases investigated.

Popper agrees with the above views in the main; but he objects to the use of perchloride of iron, for the very reason that it increases the danger of suppuration.

**Unusual Cause of Post-Partum Hemorrhage.**—Dr. James Armstrong writes as follows to the *Lancet*: Hemorrhage coincident with vomiting during the third stage of labor is a new experience to me. In this case chloroform had been used with benefit during the second stage, and until vomiting suddenly supervened everything was normal. With each effort to vomit there was gushing of blood to an alarming extent in spite of external compression. I offer the following explanation: that the vomiting which was most probably due to chloroform by increasing blood pressure in the abdominal and pelvic vessels interfered with the formation of thrombi in the uterine veins.

**Circumcision.**—In a recent lecture, Dr. R. H. M. Dawborn said (*Med. and Surg. Rep.*): First, I shall say a few words about the operation of circumcision. I am a firm believer in doing this operation upon every child. Most genito-urinary surgeons will tell you that the Jews have much less venereal disease than any other race, and this cannot be because they are more virtuous, but because there is much less surface to be infected, and that surface is much less sensitive and liable to abrasion. The great majority of young men, probably ninety-five per cent., indulge in illicit intercourse before they are married, and we may as well face this fact. We hope in our minds that our sons will not belong to this great majority, but we know in our hearts that they most probably will, and hence we should do everything we can to avert the evils connected with such habits of life. The simplest way of doing a circumcision is to slit the prepuce along the dorsum, but I do not usually adopt this plan, as it is followed by great edema which frightens the friends unnecessarily. I believe in removing all the prepuce except enough to cover the corona, and in doing this, great care must be taken that the mucous membrane, be pulled down and cut along with the skin, othewise you are likely to have the mortification of removing a circle of skin and leaving the mucous membrane intact. Having trimmed the parts nicely, a running catgut suture should be used, and the parts given a coating of iodoform collodion, and then dusted over freely with baby powder. In the adult, there is a tendency to erections, and consequent tearing out of the sutures, and to obviate this, the patient should be given for a day or two before the operation, large doses of bromide of sodium, and after the operation, the penis should be encircled in a coil of small rubber tubing through which cold water is kept running.

**Chlorosis.**—According to the Buffalo *Medical and Surgical Journal*, Prof. Pick, of Prague, with his char-

acteristic progressiveness in the line of original investigation, now believes the underlying causative influence in chlorosis to be an auto-intoxication from absorbed ptomaine products in the stomach. He, therefore, washes out the latter each morning, and then administers some preparation of iron. In three or four weeks marked improvement is noticeable, and this in cases which have resisted other treatment for months. Gram doses of creasote in sugar of milk prevents the abnormal fermentation caused by the undigested particles of food where the irrigation referred to cannot be practised, although washing out the stomach is a simple procedure, and one easily executed.

Atonicity and dilation, with anorexia, fetid breath, feeling of distention after ingestion of food, followed by eructations and vomiting, the picture assumed in many cases of chlorosis, are rational indications for this method of treatment.

There is found, further, hyperacidity, but diminution of hydrochloric acid; the latter is supplied in the proportion of four parts of the pure acid to 1,000 of water, having the patient drink a glass of this solution after eating. This is Bouchard's method.

B-naphthol in doses of two grams, combined with two grams of salicylate of bismuth, are also efficient means of limiting the absorption of toxines from the gastric mucous membrane.

**Posture in Parturition.**—In concluding a paper on this subject (*N. Y. Med. Jour.*) Dr. J. Lindsay Porteous says: The side or lateral recumbent position seems to me, of all others, the best. It has been popular in Great Britain for over two hundred years, and perhaps longer. Feilding Ould, and Burton, in their books on obstetrics, published, respectively, in 1748 and 1754, recommend the lateral posture, without, however, specifying right or left In 1754, Pugh, of Chelmsford, England, in his "Treatise on Midwifery," was the first to advise the left lateral position. This position has much in its favor for digital examination in all stages and during the whole course of the second and third stages, and, as Pugh says, "it is certainly the most decent," as the operator is behind his patient, which is grateful to the modest primipara, and there is absolutely no necessity for exposure. During the first stage, except when an examination is made, the patient may be allowed any position she has a mind to, the dorsal recumbent being as good as any when she has some point of resistance for the feet and hands. Position takes an important part, however, in the second stage, and, to our mind, the one we are now discussing has most to be said in its favor. The negative reasons why it is the best are the disadvantages already mentioned in the kneeling and standing postures, and which do not obtain in this position. The positive are that, by raising the shoulders, the gravitatory aid, to a large extent, is given. The risk of perineal laceration is lessened, as there is no stretching of the soft parts. The physician has more freedom of action, as neither the bed nor any part of the patient impedes him. He may sit placidly and comfortably in his chair without breaking his back stooping over his patient, and thus avoiding mental irritation or showing impatience. In instrumental and version cases, by laying the patient transversely across the bed, with the thighs flexed on the abdomen, he can use one or both hands without the necessity of having the limbs held apart by an assistant or the slightest exposure made, as a little practice will enable him to do either beneath the clothes. The risk of perineal laceration with instruments is by this posture reduced to a minimum, as the necessary precaution of supporting the perineum during the passage of the head is much more easily accomplished. And again, in version, when the head is to be extracted, its weight is taken off the perineum and placed on the left side of the vagina.

**Dynamite Wounds.**—A man, employed in some nickel mines in New Caledonia, was engaged in catching fish by means of dynamite cartridges (*Prov. Med. Jour.*). One of them did not fall in the place he intended, so he picked it up to throw it again, when it burst suddenly in his hand. The right hand was taken off and reduced to a pulp, and remained attached to the arm by a small fragment of skin only. The body was literally riddled by a number of small deep wounds, tunnelled underneath the skin. On feeling the chest a series of detached bone fragments could be detected. The injured man was taken in a boat to the hospital ship, but the journey occupied twelve hours under a broiling sun, and the wounds became gangrenous so that he died shortly after being taken on board. A post-mortem examination was made, and to the surprise of the surgeons the nails of the fingers which held the cartridge were found to have penetrated the chest and reached the spine.

**Peculiar Idiosyncracy.**—Thy following unusual case is related by Dr. B. C. Powell in the Atlanta *Med. and Surg. Jour*: Miss R. D., age twenty-five, teacher in Rica Villa High School, general health good, monthlies regular. She came here from Senoia, Ga., where she was born and reared. Has no trouble except when she violates one law that dame nature has given her, and that is that she must not eat wheat flour nor anything that contains the smallest quantity of it. Not because it interferes solely with digestion, but that it acts as an irritant poison to the mucous membrane of mouth, throat and stomach. The pain is so great, retching and vomiting so severe as to almost cause convulsions. She was almost killed time and time again when small, before her parents found that she could not eat wheat flour. People with whom she would visit, would attempt to fool her by mixing small quantities of wheat flour with other articles of food and get her to eat it, but she would invariably suffer for it. When she first came here she began boarding with Dr. G. W. Strickland (dentist); at one time his wife though know-

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ing the young lady's peculiarity, had some muffins of corn meal made up in a tray that was used for flour, but put no flour with it except what little was sticking to the tray. At supper the young lady ate the muffins and could not tell by taste that they had any flour whatever about them, but pretty soon she was seized with pain, vomiting and the usual symptoms of poisoning, and when the tray was thought of the trouble was accounted for, though a physician had to be called before relief could be obtained. No other article of food acts in any way harmful, therefore it must not be the starch in the flour, for we know there is plenty of starch in corn, potatoes, etc., all of which she can eat with impunity.

**Perforating Appendicitis.**—Dr. Maurice H. Richardson says (Boston *Med. and Surg. Jour.*) on this subject: In cases of spreading peritonitis from a perforation of the appendix, where the focus of inflammation is not isolated by peritoneal adhesions, and where the symptoms point to an extravasation of the intestinal contents, immediate laparotomy is demanded. The more I consider this subject and the greater my experience the more I am convinced that such early exploration is imperative. Occasionally a case will begin violently, with every sign of perforation and extravasation and the symptoms will as quickly subside. Such cases occurring once in a while give us a false sense of security. I believe I have one such case in my list, where the onset was very grave and the recovery rapid and brilliant without operation. But for one such case ending favorably I have twenty or more that have ended fatally, most of which, I am firmly convinced, would have been saved by immediate laparotomy.

All cases which begin violently with sudden acute pain, with severe constitutional disturbances, distension and vomiting, with local tenderness, demand immediate operative investigation for the following reasons:

1. It is impossible to say that the case is not going to be one of uncontrollable general septic peritonitis within a few hours.

2. The condition of perforation admits of delay no more than perforations of the stomach, intestines or bladder, or the rupture of an extra-uterine pregnancy, or any other abdominal emergency.

3. The mortality would undoubtedly be less in a hundred cases than by any method of selection.

**Vegetarian Diet.**—Dujardin Beaumetz claims (*Diet. and Hyg. Gaz.*) that this diet thoroughly subserves alimentation of the organism; the best proof of which is furnished by the poor peasants, who do not eat meat, yet they are strong and healthy. This diet is of therapeutic importance in certain diseases. A vegetable diet limits to a minimum the production of toxines, such as neurin, muscarin, etc. It is indicated by insufficient functional activity of the kidneys and alimentary canal, indeed, in all similar conditions where an accumulation of ptomaines in the blood might prove dangerous. It is also indicated in putrid diarrhea. In diseases of the stomach, a vegetable diet is especially indicated, as the intestines are principally employed in its digestion, thus affording the stomach considerable rest. In the uric acid diathesis, this diet is also recommended.

**Rectal Gonorrhea.**—The following is a description of this unusual disturbance (*Med. and Surg. Rep.*): The first symptoms of rectal gonorrhea are local itching, stinging sensation, and a feeling of uncomfortable warmth in the rectum. Later, painful defecation and tenesmus are added. Objectively, one may find inflammation and swelling of the parts, as well as great irritability of the anal mucous membrane, and many erosions making the parts almost like a map. This last are caused by the abundant secretions, which also cause eczema of the anal region. Examination will also reveal the well known signs of pederasty.

In many cases rectal gonorrhea can be successfully treated by suitable means, but more frequently it proves to be a most stubborn disorder, assuming a chronic form.

**Trachoma.**—The following case in the service of Dr. De Schweinitz is reported by Drs. Jos. Parker and Jos. C. Bloodgood (*Univ. Med. Mag.*): A. J., a girl, aged about 6 years, was admitted to the hospital with severe photophobia, extensive vascularization of each cornea, and a large, superficial, indolent corneal ulcer, directly central, in each eye. The retrotarsal folds were studded with large, flat granulations of the follicular type, and the sulci considerably shortened. The child was etherized and Knapp's operation performed. The shortening of the fissure of the lids rendered it somewhat difficult to perform complete eversion, but there was no difficulty in expressing the contents of the trachomatous nodules with the roller forceps. Directly following the operation, and during the next thirty-six hours, there was violent chemosis of the ocular conjunctiva, which was infiltrated with serum, forming a dense rim around the cornea, and protruding between the lids. The swollen tissue was incised, cold compresses were applied, and the complication subsided at the end of the time named. Since this time the photophobia has passed away, the lids have become smooth, the ulcers have healed, and there has been some diminution of the dense pannus: in fact, in the last few days, this has cleared materially. The subsequent treatment has consisted of cleansing with boric acid lotion and the occasional application of boro-glyceride.

The case is added to the list as representing a possible complication after the crushing operation for trachoma, namely, the rapid infiltration of the ocular conjunctiva with serum, in this instance occasioned by the shortness of the palpebral fissure as well as the lack of depth in the sulci. It would probably have been better to have performed canthotomy at the same time. Fortunately, however, no permanent ill result remained.

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**Action of Opium and its Alkaloids upon the Movements of the Bowel.**—It is a matter of every day observations among clinicians that opium in substance has a much more decided action than morphine in restraining peristalsis (*Med. Bul.*). The most plausible explanation of this fact that suggests itself is, that the effect of the morphine must be heightened by that of the associated alkaloids.

The influence of the drug and its active constituents upon the intestine has recently been studied by Nothnagel, Schroeder, Spitzer and Leubuscher. The experiments of Spitzer were conducted upon frogs, rabbits, and men. He found that hydopermic injections of small doses of watery extract of opium lessened the sensitiveness of the gut to painful impressions through a local influence upon the nerve-centers of the intestinal wall. Larger doses are demanded in order to check peristaltic contraction. According to the observations of this observer, morphine has the same effect as opium, but the other alkaloids produce but little effect upon the intestine. Leubuscher has made a comparatiue study of the action of morphine, codeine, narcotine, narceine, papaverine, and thebaine. In order to excite vermicular emotion he availed himself of galvanic, faradic, and chemical excitation. This investigator concludes that morphine is the most efficient agent in allaying intestinal movements. Papaverine comes next to morphine in this respect. Narcotine is much more feeble, and must be given in large amounts in order to exert any influence. Narceine and codeine are altogether inefficient, at least in the doses in which they were given. From $^1/_6$ to $^1/_3$ grain of thebaine excited violent intestinal contractions.

**Dentigerous Cyst.**—Mr. Æneas T. McDowell describes the following case (Australasian *Med. Gaz*): A woman came to me with a history of having had one of the lower canines extracted for an abscess at the root some weeks before. This abscess had been discharging freely through the gum since, but had stopped running some days previously.

On examining, I found a probe would pass into the cavity whence the tooth had been extracted, and that stinking pus was issuing from it into the mouth. There was also a fluctuating lump, the size of a pigeon's egg, very painful, on the outer side of the jaw. Under chloroform I found pus and the periosteum stripped off on a spot about the size of a sixpence. I trephined and came across a cavity in the bone about the size of the top of one's little finger, evidently the remains of a cyst under the tooth. This I scraped with a sharp spoon and applied chloride of zinc solution and drained, with the result that the patient went home in a fortnight cured.

**New Theory of Uric Acid.**—Sir William Roberts, in his first Croonian lecture points out, (*Phys. and Surg.*) certain considerations which give rise to the idea that uric acid in mammalian urine may be in the nature of a vestigial feature, analogous to the vermiform appendix, the ductus arteriosus, or the ear point, structures of ontological significance only. Uric acid in the mammalian urine is to be regarded as a "memory" of some ancestral form which eliminated its nitrogen as uric acid. Vestigial structures are notable for their inconstancy, and the extreme inconstancy of uric acid both in regard to its presence and amount in different individuals coincides with this feature of vestigial structures.

**Neuropathic Insanity in Relation to Crime.**—At a recent meeting of the Medical Society of Pennsylvania, Dr. H. C. Wood read a paper on this subject (*Am. Prac. and News*). The author's conclusions are: Religious beliefs often run into insanity. Some are able to control their actions, but others, knowing they are wrong, yet cannot control them. One is reasoning insanity. Some cannot rely on their own integrity. Hysteria is not madness, but a neuropathic state which may end in madness. Dipsomania is a normal attribute, the basis of many cases generally easily controlled. But vice alters the nerve centers, and it becomes insanity. If at first such could be controlled by law in an institution, they could be cured. Unfortunately there is no law to do this. You can't reform a nervous criminal. They have no fear of punishment. Society must protect itself; should recognize such and prevent them from breeding their kind. Isolate them for life, or if a change occurs in their nerve centers and they regain the normal state, they may be safe. He would destroy all such if necessary.

**The Mortality from Puerperal Fever in Denmark.**—In the provincial cities of Denmark as well as in Copenhagen, Dr. E. Zugerslev has noticed (*Satellite*) a remarkable decline in the mortality from childbed fever during the last thirty years. The mortality from childbed fever in the provincial cities, according to the correct Official Reports of the Board of Health, was as follows:

| | PER MILLE OF BIRTHS. |
|---|---|
| 1360–1859, - - - - | 5.20. |
| 1870–1879, - - - - | 5.17. |
| 1880–1389, - - - - | 2.75. |

In Copenhagen the mortality from childbed fever was as follows:

| | PER MILLE OF BIRTHS. |
|---|---|
| 1860–1869, - - - - | 9.66. |
| 1870–1879, - - - - | 5.41. |
| 1880–1889, - - - - | 3.33. |

A comparison of the three decades above is very significant because, as the first decade represents the pre-antiseptic period, the second the experimental period, the third the period of thorough antisepsis, it proves, in some measure, the beneficial effects of the use of antiseptics, which latter are at the present time used universally by the Danish midwives, with the result stated above.

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**To Remove Aniline Stains from the Skin.**—Since the use of pyoktanin has become so general and since there is so much work done in the staining of bacteria the following may prove useful to many of our readers: To remove aniline stains (*Lancet-Clinic*) from the skin, Unna recommends washing first with a 5% solution of salt in water, then with the same strength of hydrogen peroxide, and finally with alcohol.

**Diagnosis of Congenital Hip Dislocation.**—Dr. John Ridlon says on this subject (*Arch. Ped.*): The diagnosis of congenital dislocation consists in demonstrating the dislocation and in obtaining a history pointing to the existence of the condition from birth. In unilateral dislocation the lordosis, broad perineum and waddling gait of bilateral dislocation are not espectally noticeable, but to compensate we have the normal hip on the opposite side with which to make comparison. Pain, tenderness and muscular spasm restricting motion characteristic of chronic joint disease are absent; so also inability to execute certain movements, characteristic of infantile paralysis is not found. When actual difference in the lengths of the limbs is present in any case, the location of and the reason for such shortening should be decided by careful measurements. Unless the child be very fat the location of a displaced caput femoris can be readily made out.

**Vaginal Douche in Labor Cases.**—Dr. E. C. Cooper considers this subject fully (*Occ. Med. Times*) and says that in conclusion, we may sum up the question in the following propositions:

1. Avoid internal manipulation, if it be in any way possible, in all normal labor cases.

2. We shall be on the safer side if the external genitalia are rendered thoroughly aseptic before the labor and kept so during the puerperal period. This can be accomplished by the liberal use of hot water sublimate soap, and sublimate solution in the strength of 1 to 1,000.

3. If internal examination be absolutely necessary, or if, in spite of all precautions, sepsis has occurred, let the vaginal douches be rendered aseptic before they are given. This may be accomplished by using water that has been boiled with sublimate solution 1 to 1,000, which is allowed to stand at least one half hour before using, in order to destroy the spores in the water. The syringe, irrigator, rubber tubing, etc., should be rendered aseptic by thorough washing and soaking with the strong sublimate solution, or with alcohol.

In view of Leopold's recognized position as an authority, and the stress which he lays on this subject, we must consider that the slight extra trouble and foresight that these regulations entail will be more than counterbalanced by the great immunity from puerperal fever which we could thus acquire.

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## New Orleans Letter.

Editor MEDICAL REVIEW.—

℞ FT. UNG. Q. S. SIG.: APPLY ANYWHERES.—There is a dearth of material in a medical way and if the reader can interest himself in these jottings he is welcome to the treatment. Considering that next to Constantinople, New Orleans is the dirtiest city politicians and a good natured public ever created, it is not a God-send to doctors. It is distressingly healthy and aside from Dr. Olliphant, President of the Board of Health, and his alter ego, Secretary Dr. Solomon, who are annoyed over the reports of cholera prevailing in Damfino and other uncivilized, impenetrable lands, the average medicine man contents himself with his appetizer or his lounging on Canal Street. While New York, St. Louis, Chicago and other villages are suffering from the heat and all enumerated diseases, we are unfortunately having the best of health and the thermometer is kept way down by the balmy breezes from the Gulf of Mexico. Whether climacteric influences or sheer cussedness exempts New Orleans from an excess of maladies year after year, deponent knoweth not. Our weed-grown side streets, greenish lined gutters and mud to the hub would imply this "Land of Evangeline" as a resting place for microbes, micrococci and reptiles, yet we wax strong and deplore the misfortunes of sewered cities when glancing at the mortality tables. A trip through the Charity Hospital developed nothing newsy, not even a surgical case out of the ordinary taking our attention. By the way, Cholerine is a handy phrase just now in New Orleans, and doubtless is highly esteemed elsewhere. Anything in the bowel line from an old time "stomik ake" to chronic dysentery goes in the nomenclature and yields readily to the conservative treatment—anything.

The monomaniacs who read disaster on the cresentic horns of a May moon, high water, rains or drouth, that yellow fever is sure to visit New Orleans, are breathing easier, as the season is nearly over. It can hardly escape the vigilantes at quarantine if coming from over the sea, and if it ever has been indigenous here, it has become—like some natives—too indolent to exert itself. Meanwhile a number of embryo doctors are cruising around foreign ports and with grave sentences notify our Board of Health of Yellow Jack's whereabouts and methods, with doubtless a thought that they will fathom the whence and wherefores of the yellow scourge without giving a thought that the fraternity as a whole cannot give a solitary practical explanation of malaria. It has been one of my idle dreams, from the day I first

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twirled a scalpel over an unscented negro—he was a corpse, that when "ye scientific gentlemen" had exhausted idle speculation, some unknown unheard of simple minded doctor will write a paragraph something like this: "Yellow fever is malarial fever exhibited in most exaggerated form, not as dangerous or fatal as doctors and relief committees would have implied when an epidemic is going on, and though a mortal dread of what the doctors and public know nothing of, the select and few, both in the national and civic quarantine services, secure extra slices of a juicy pudding."

PARVULES.—The strangulated bill to regulate the practice of medicine in New Orleans nipped in the bud by the late Legislature, is now thoroughly understood to have been doctored for the exclusive benefit of a select coterie of doctors. It modestly intended to compel all gentlemen who sign M.D. to their cognomens to pass an examination beford a cut and dried board of examiners. At first glance it would have been a good law, reducing the medical corpse about four fifths, but said board could have shown favoritism and reduced the limit. A better law would have been to regulate the professors and prevented them from grinding out useless material.

Ethics are something like a buzz-saw, not to be monkeyed with. A late fad here is athletics, and the younger men in the profession are ardent disciples. Again these young folks are inclined to forget the stanza:

The man who smokes a cigarette
I can forgive if not forget;
Even the chap who makes a mash,
But damn the man who wears a sash.

They wear sashes, do atheletic turns and the reverend and grave seigneurs protest such carrying on as decidedly unethical, unbecoming to professional men. When others look upon the wine until they can't diagnose between wine and beer, or without a smile rake in a pot on a bob tail flush, or stand on a street corner and dwell on their exploits, the ethical ethitician passes them by unnoticed. "Let us weep together."

Samuel Logan, M.D., Professor of Surgery of the Tulane University has been appointed Administrator to the Charity Hospital, vice Dr. Brickell resigned. The pre eminent qualifications of the gentleman is a guarantee of the luster he will add to the institution.

Councilman Kane has presented an ordinence to the City Council which, if passed, will compel *abandonees* to submit to weekly examinations, thus proving a factor in correcting the social evil to some extent. It will also furnish a half dozen physicians with pap from the public purse.

President of the State Board of Health, Dr. Olliphant, in a newspaper interview, says he obtained his information regarding the cholera epidemic abroad, not from official sources, but newspapers. Newspapers never lie.

Ground has been broke at the corner of Canal and Robertson Streets for the erection of a mammoth building to be dedicated to the votaries of medicine. Of course it is the Tulane School—University of Louisiana.

Keeleyism, via the atropia route, proved a failure here. Two institutes were opened previous to the great and only K coming south. They had to import doctors as to the credit of our local men, young and struggling doctors, none would have of it. The managers of the improvised institutes, after liberal advertising, skipped. The system does not take in this city, by the way—a great field for quackery, otherwise. The only explanation is that the boys know how to get drunk in a gentlemanly way.

MEDICO VIEJO.

## New England Letter.

Editor MEDICAL REVIEW.—A case of some interest was read at the Boston Society for Medical Improvement of the sudden death of a workman in a churn or vat for the mixing of rubber with naphtha. It was supposed the fumes of naphtha was the cause of death, which was sudden and without consciousness. Some very interesting facts were brought out, concerning the use of naphtha in rubber and other factories. Girls who work in the cloth covering room of these factories were formerly much affected, and became partially intoxicated, and had to be removed to the open air frequently. Finally such girls were found to be hysterical and neurotic, who neglected to eat regularly and of bad health. These persons were kept out of such rooms, and only strong persons allowed to do this work. The rooms were improved and all this trouble passed away. The common symptoms from the inhalation of hydrocarbons are first dizziness, delirium and unconsciousness. In some cases mild delirium continues for some time before stupor comes on. A boy working in the naphtha room became dizzy, and in reaching out for means of support, had his hand crushed in a roller. The company was sued for damages in not having a better ventilated room and using means to prevent such accidents. The jury disagreed, but this case made a good impression on all manufacturers, who used naphtha, causing them to take all possible precautions against such dangers.

A curious case involving the same facts came up before the Boston courts some time ago. A tenant who lived over a wine and spirit cellar, sued for damages from the effects of spirits which penetrated his room prostrating his wife, children and himself. It was proven that large quantities of spirits were changed from cask to bottle and other receptacles daily, and that only a thin floor separated the living room the cellar. The wife and two children had been practically intoxicated daily for a long time. The husband complained of severe headaches. A small verdict was given the claimant, and the wine given up. Here the methylic vapors were the inhaled poisons. The sources of poison attract much attention, but are far inferior in danger and magnitude to the poisons in school rooms, and factories where large numbers of persons are congregated. Every year the startling fact becomes more apparent, that most of the serious diseases came from the poisons

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of animal exhalations, which are preventable. The school rooms are as a rule, very dangerous and most unsanitary places. With all the boasted improvements and modern ventilating appliances, the danger has not been removed, and the subject has been scarcely touched. In New England the schools are in advance of other sections, but are yet far back in hygienic appliances. In many towns sanitary school inspectors are appointed from physicians who have power to make many changes. This is the beginning of much good work yet to be done. The health boards inspect all hotels and summer resorts, and their counsel is generally accepted, and guests feel some sort of security from such overseeing.

Notwithstanding all the culture and scientific advance in health matters, new problems are coming up daily that require the best judgment and clearest medical wisdom to determine. T. D. C.

## Different Opinion.

Editor MEDICAL REVIEW.—Please allow me space in your medical journal to correct the remarks of Dr. S. Weir Mitchell on Women Physicians and Nurses, published on page 97, Vol. 26, July 30, 1892.

I believe it is best either for the sick, or for society, or for our own sake, to be educated in nursing, midwifery, medicine, and surgery, or arts of any kind, or any position suitable for the person.

For the sick doctor women and nurses are, as a general rule, more affectionate, have more sympathy, more patience, and are handier to bathe, or wash, or dress a new born babe than the opposite sex.

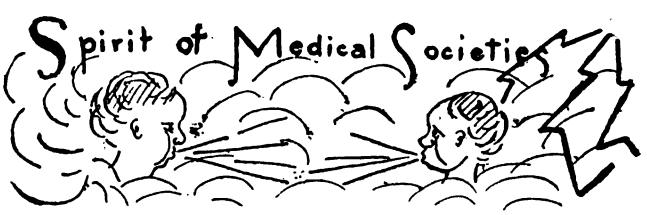
If a woman is educated and gifted in the art of healing then she is fit to practice medicine, etc., as well as a gentleman doctor.

If a lady doctor has a good moral character, is truthful and religious, then her company in society is worth more than gold.

Education and experience teach us how to take care of others and ourselves. With the help of God it makes us firm, strong, and healthy, in a healthy body can live a healthy soul, and in a healthy soul dwelleth faith, hope and charity. JOHANNA W. MORGAN, M.D.

Rockford, Ill.

**A New Method of Skin Grafting.**—This is thus described by its originator (*Ex.*), Ereberto Aievoli: An animal with well-developed testes is castrated. The organs are washed in the usual salt solution and then cut in thin sections, which are placed in a salt solution. The granulation surface, after being cleaned, is covered with small pieces of the testicle, these being placed one or two centimetres apart. Antiseptic dressing. Good results are claimed which Aievoli thinks are due to the marked biological activity of the cells implanted. In experimentation he used sections of the salivary and mammary glands and the testes.




**Hypertrophy of Prostate.**—Dr. E. T. Tappey presented to the Detroit Medical and Library Association (*Phys. and Surg*) a bladder and prostate gland showing great hypertrophy of the prostate. The middle lobe of the prostate which had been so much enlarged as to render the introduction of a catheter difficult had been removed by supra-pubic cystotomy some two or three days before. The patient died. Treves speaks of the supra-pubic operation as very successful. The patient had been brought to the hospital because he could not pass his water. He was relieved by supra-pubic puncture. The removal of this very much hypertrophied middle lobe left a very large absorbing surface. Patient died of septicemia.

**Treatment of Hemato-Chyluria with the Bichromate of Potassium.**—Diago has reported to the Clinical Society of Havana results which he obtained by the administration of the bichromate of potassium in seven cases of hemato-chyluria (*Ex.*). The dose which he has administered is $^1/_3$ to $^1/_2$ grain in half a pint of water. In three of the cases the filaria were found, and in four others there was profound anemia. This medication was employed to the exclusion of all other treatment. Of the cases, four were cured without other treatment and two in forty eight hours, while the others found relief in about fifteen days. The three cases which were complicated by the presence of filaria were found most rebellious to treatment. The author believes that the bichromate of potassium is a very useful remedy in the malarial, pernicious anemia of the tropics.

**An Infant with Two Noses and Two Mouths.**—At a recent meeting of the Medical Society of the University of Kazan, Professor Ivan Lvoff exhibited the cadaver of a male infant which presented curious anatomical anomalies (*Med. Bul.*). The child had two noses, which were united in the median line, but two vomers were present. Below the nares was a transverse fissure, and immediately under this a very prominent chin, apparently formed by the union of the two inferior maxillæ. Upon each side of the chin, corresponding in appearance to the normal angles of the mouth, was a triangular mouth provided with well-developed lips. Each buccal cavity possessed a tongue. Examination of the pharynx showed that these organs had common origin. The child weighed 8 pounds when born at full term, and in every other respect was norm-

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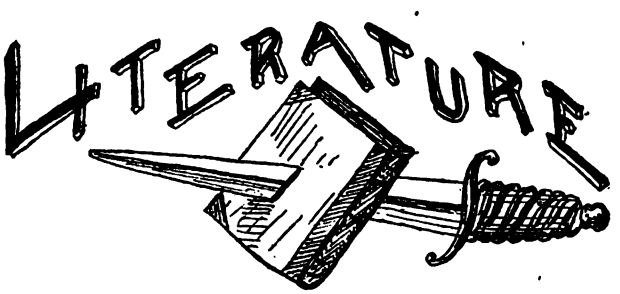
ally developed. Its voice was very similar to the grunt of a pig. It was artificially nourished, but with great difficulty, for it could swallow milk only when the fluid was placed directly in the pharynx. It died from gradual wasting, having lost four pounds.

The mother was a finely-developed woman, aged 36 years, who had previously borne eight well formed children. The last (ninth) pregnancy had followed a normal course. Delivery had been assisted by the forceps on account of uterine inertia. The amniotic fluid was very abundant.

**Pathology.**—At the recent meeting of the British Medical Association (*Ex.*), Dr. Victor Horsey made some remarks on this subject. He stated that pathology, as such, is almost unknown. What is commonly spoken of as "pathology," taught as "pathology," and made the subject of examinations in "pathology," is not pathology, but morbid anatomy.

The pathologist should be the student of disordered function as well as of disarranged structure; morbid anatomy is, therefore, but one side of his work; pathology is the other. What is required at the present day is the accurate determination of the aberrations of normal function, and, judging by the strides normal physiology as a science has made, no difficulty attends the pathologist in this new and fertile field. A mass of facts has been accumulated in elucidation of the various changes in the structure of the lungs produced by pneumonia, phthisis, etc.; but how many workers have been found to investigate the degree and effect of the loss of the respiratory function, of the disorder of the normal oxygen and carbonic acid ratios? Yet this is it that kills; this is the whole work of the disease, and this is what must be solved before the treatment of such diseases can be worthy of mention other than as mere empirical palliation. This, the pathology of the diseases of the respiratory organs, is a subject before which the facts of morbid anatomy will seem more and more restricted as the intricacy and breadth of the problems it is often supposed to solve are properly considered and appreciated.

Another example—a much smaller one, but involving most fundamental considerations—is the condition spoken of as edema or dropsy. What is more common at the present day than to hear this condition gravely ascribed to alterations in the blood-pressure alone, and chiefly to venous stagnation? Yet this view has for more than twenty years been absolutely contradicted by experimental pathologist, and shown to be untenable. This surprising indifference to pathology is due to want of familiarity with modern progress in physiologic and chemical research. Fortunately, laboratories are springing up now on all sides, original investigations are being pushed forward, light and knowledge widely diffused. The reproach that we have been dead-house students rather than true pathologists will, therefore, soon be wiped away.




**A New Pronouncing Dictionary of Medicine.** Being a Voluminous and Exhaustive Hand-Book of Medical and Scientific Terminology, with Phonetic Pronunciation, Accentuation, Etymology, Etc. By JOHN M. KEATING, M.D., LL.D., and HENRY HAMILTON, with the Collaboration of J. CHALMERS DACOSTA, M.D., and FREDERICK A. PACKARD, M.D. With an Appendix Containing Important Tables of Bacilli, Micrococci, Leucomaines, Ptomaines; Drugs and Materials used in Antiseptic Surgery; Poisons and their Antidotes; Weights and Measures; Thermometric Scales; New Officinal and Unofficinal Drugs, Etc. 8vo., pp. 818. [Philadelphia: W. B. Saunders. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, cloth, $5.00 net; sheep, $6.00.

This is a very handsome volume, printed in large, clear type upon paper of the best quality. It is evident that much work has been expended in its construction and it shows, everywhere, the care which has been taken by the authors and collaborators. It is especially valuable as a guide to pronunciation and etymology. A perusal of the work before us will amply demonstrate to any one the fact that Greek plays a most important part in medical terminology and to-day, is fully as important as Latin to the medical student. The pronunciation is very distinctly marked in the present dictionary and is that which has the approval of the authorities of to-day.

The work is not complete in every respect as it would require more than one volume to encompass this much. It contains, however, all the principal medical words which an average reader will run across in his studies and, in this respect, it will be found to fill all his wants. We are surprised to find such a word as "Kaaurosis" omitted, for it occurs with sufficient frequency to deserve a place in a dictionary.

The appendix in the work before us is not the least valuable feature. Besides the various subjects given in the title we have some which are no less valuable and interesting, such as: the relations of the female pelvis and fetal head, illustrated; table of cardiac murmurs; nerve-distribution, illustrated; table of cranial nerves; localization of the functions of the segments of the spinal cord; a posological table; a table of poisons, their action, antidotes, etc.; motor points; synonyms of diseases, etc., designated by proper names and a great deal more valuable information which is condensed in an intelligible style.

From the above partial enumeration our readers will be enabled to judge of the scope of the work and we

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can heartily commend it to them as a dictionary which should be always kept ready at hand for rapid reference. The definitions are terse, clear and to the point. The information given in the appendix is thorough reliable, and the whole work one which we are sure is destined to become very popular with students and practitioners alike. Our advice to those contemplating the purchase of a medical dictionary would be, buy Keating's.

**Glanders in Mankind.**—The dangers attending the prevalence of glanders in horses in London and other parts of the United Kingdom have been brought prominently before the public by an inquest held before the coroner for the City of London last week (*Lancet*), at St. Bartholomew's Hospital, on a women aged twenty-four years, the wife of an ostler, residing at Compton-mews, Brunswick-square, who died at the above mentioned hospital from this loathsome malady. There is nothing extraordinary in people dying from this essentially equine disease, and the only wonder is that more cases are not recorded considering the extent to which it prevails; the only matter of interest is in the way in which infection is supposed to have taken place, if we may judge from the evidence given before the coroner. It appears that the husband, wife and two children occupied two rooms over stables in the mews and in one of these stables horses were taken ill about a fortnight previously. The illness from which they were suffering was stated to be farcy (or skin glanders) and two of them were subsequently destroyed because of being so affected. The woman had nothing to do with the stables, but it was suggested that she might have become affected through using water conveyed in a pail upstairs from the stable. The house physician of the hospital was of opinion, when stating that the woman had died from glanders, that using water from a pail that had been contaminated by a glandered horse, if she had a superficial wound, would be sufficient to impart the disease. The use of public watering-troughs in London has long been suspected of spreading this disorder among horses, and it has been often suggested that resort to these should be prohibited until glanders is suppressed; but up to the present nothing has been done to ascertain whether there is any foundation for such an accusation against these refreshing places. We have already complained of the very perfunctory and lax manner in which this dangerous and destructive disorder is dealt with by the Government and the great harm that results from considering glanders and farcy as different maladies, instead of two forms of the same disease, each equally infective and damaging. It is high time more energy and intelligence were displayed and this is rendered more palpable by the statement made at the inquest alluded to by the house physician that there was then another woman in the same hospital suffering from the same complaint. There is only too much reason to apprehend that not a tithe of the cases of glanders occurring among horses, in London and the provinces, are reported to the sanitary authorities.

**Dr. Armstrong,** of Dallas Co., Mo., is the nominee of the People's Party for Congress in his district.

**Dr. H. H. Lewondowski,** a Polish physician of New York, has been "salting" swamp lands for speculative purposes and is being investigated by his victims.

**An Epidemic of Dysentery** has swept over a portion of Pope and Johnson Counties, Illinois. It appears to have been exceptionally fatal to small children, adults not suffering so much.

**Kicking Babies** predisposed to throat trouble are put to bed in bags of eider down or thick flannel. A draw string ties about the neck, and the novel night-gown being roomy, baby is allowed to kick all night if pleases, fearless of croup, cold or catarrh.

**An Epidemic of Suicides** seems to have occurred in St. Louis recently. In one day Judge Normile killed himself with prussic acid, Dr. Walter Coles lodged two bullets in his brain, Dr. Tolkatz shot himself in the head, and a number of others attempted to, or succeeded in their suicides.

**Strychnine Poisoning.**—Thomas Neill, alias Cream, who claims to be a Canadian physician, is being tried for murder in England. His method appears to have consisted in inducing abandoned females to take capsules which he gave them and whose contents were strychnine. From the evidence obtained it would appear that he has caused the death of quite a number.

**The Yellow Fever.**—The following telegram from Jacksonville, Fla., dated August 10, recently appeared in the newspapers: Four cases of yellow fever have developed on board the four-masted American schooner, Eva Douglass, which arrived at the Mullet Key quarantine station the 3d instant from Havana on her way to Port Tampa to unload her phosphate.

Dr. Porter, the Health Officer here, has taken charge of the schooner, and she is now lying about six miles off the quarantine station. Dr. Porter is on board with an experienced yellow fever nurse to assist him in caring for the cases which have already developed and may hereafter develop. The schooner's crew numbers nine men all told, and as they are all Northern men it is probable that they all have the fever. Fears are entertained that the dreaded scourge may be transported to the mainland, and every precaution is being taken to avoid such calamity.

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**Dr. William Osler** married the widow of the late Dr. Samuel W. Gross, of Philadelphia.

**The Annual Meeting** of the New York State Medical Association will begin on November 15, 1892.

**A Large Medal**—On his seventieth birthday Virchow received a gold medal weighing nearly six pounds. It is pronounced the largest one ever made, the metal alone being valued at one thousand seven hundred and fifty dollars.

**Death from a Mosquito Bite.**—The newspapers recently reported the death of Peter Kennedy, of New York, the cause being attributed to a mosquito-bite on the left cheek. The immediate cause of death was septicemia.

**A Recent Advertisement** of a patent medicine read. "For infernal use." "It was the practice of our *immoral* Washington," said a Boston paper, "never to allow profanity in his presence." The *Eclectic Review* was once advertised as the *Epilectic Review*.

**An Ancient Definition.**—In an "English Expositor," which, the preface says, was begun by Dr. John Bulloker, is found the following (*Ex.*): "Apoplexy: A Disease that suddenly deprives one of Sense or Motion. It cometh for the most Part of cold and grose Phlegmatic Humours, oppressing the Brain in such Sort, that the animal Spirits can not pass from thence into the Sinews, as they ought to do."

**An Electric Finger.**—It is said, says the *Times and Register*, that an electric the finger for surgical uses has recently been invented. A bulb, attached to a long probe, is attached to a finger stall. The bulb is double and the outer skin is flexible. The two layers are connected with opposite poles of the battery, and wires connect the inner layer with the finger tip. Pressure at any point closes the circuit, and the electrical current is transmitted to a corresponding point on the finger. The surgeon has thus a means of feeling and measuring things which he can neither see nor reach by ordinary means.

**Dr. William Nick Pindell** died at Newark, N. J., early this month. He was overcome a week before by the heat. He was born in 1828. Dr. Pindell served under Robert E. Lee, then a Colonel in the United States Army, who commanded the marines sent against John Brown at Harper's Ferry. Dr. Pindell and Dr. Byrne were attending Brown, who was brought in wounded. Dr. Byrne was deaf, but Brown said to Dr. Pindell: "You'll not get any pay from me. If you bring my body, dead or alive, into Missouri you can get $3,500 for it. I am John Brown."

Dr. Pindell reported to Colonel Lee, who doubted until Brown himself confessed. Dr. Pindell had Brown's revolver and other relics.

**Repeated Attacks of Typhoid Fever.**—Dr. Joseph Leidy, Sr., reports a very interesting case in the *University Medical Magazine*. He gives the details of three attacks of typhoid fever in the same patient. In addition to this the third attack was followed by four relapses.

**Fees.**—It has been stated that Dr. T. Gaillard Thomas has made as high as $100,000 a year, and that his regular income is not far below that sum. Allan McLane Hamilton is said to make $50,000 a year; Dr. Spitzka about the same, Drs. Thomas and Salisbury the same, and two or three more around the sum yearly. Eighteen or twenty make about $20,000 a year, upward 100 half as much, and the rest of them at any other figure down to $3,000 or $2,000, or even $1,000 yearly.

**The Illinois State Board of Health** during the week ending Aug. 5, issued State certificates entitling to practice medicine and surgery in Illinois to the following physicians: Wesley W. Barkwell, James Breckett, Theon Bradford, Frank Branen, E. N. Ewer, Sarah M. Hobson, T. F. Lynott, Samuel Makemason, J. E. Mekee, John McSipson, J. B. Noble, J. W. O'Neil, Samuel R. Peacock, Calvin Pollock, Henry A. Stewart, Charles H. Studdard, Charles W. Treverton, A. M. Unger, William E. Walsh, Frank Wilson, Edmund Zammert, Chicago; William W. Apple, St. Francisville; Charles T. Bacon, Table Grove: B. F. Brayfield, Brayfield; William D. Carter, Nashville; Charles F. Childs, Decatur; Frank Cogswell, Rockford; Wm. A. Dixon, Decatur; Horace Gaylord, Flanagan; E. H. Heaton, Champaign; Harry L. Kampen, Kirkwood; Guy M. McLean, Pullman; G. S. Roberts, Corine; H. C. Schroeder, St. Louis; F. S. Smith, Moscow; R. F. Throckmorton, Cairo; E. T. Trimmer Rock Island, N. N. Winnard, Lindon.

**College Changes.**—The following changes in the medical schools at Ann Arbor are announced. The Professor of Physiology and Histology, Dr. W. H. Howell, has resigned to accept an appointment at Harvard. The position has been filled by the appointment of Warren D. Lombard, M.D., Ph.D., late of Clark University. Three assistants were appointed in the Hygienic Laboratory at a salary of $200 each per year. Their names are Charles T. McChutock, A. Ives, and H. E. Baright. Six new courses in practical work in the medical department were established. Four new demonstrators were appointed, whose fees were to be paid out of the fees received from students who take the courses. The demonstrators are Drs. Darling, Hagler, Lutz, and Wormth. A. W. Reed was appointed house surgeon at a salary of $500 and Dr. Briggs assistant at the hospital at $300. Dr. S. M. Yutzy was appointed assistant demonstrator of anatomy at $900, and Dr. Hill Carter assistant demonstrator of anatomy at a salary of $200. Dr. Wm. N. Moore was appointed demonstrator of nervous diseases.

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**Dr. Eugene F. Storke** has resigned the editor ship of the *Medical Current.*

**Newcastle-upon-Tyne** has been chosen as the meeting place of the British Medical Association for 1893.

**A Separate Pavilion** for cases of diphtheria is being built in connection with the St. Anne Children's Hospital in Vienna, and will be opened on Oct. 1st. It is to contain a special department, which will be exclusively devoted to the treatment of cases by intubation, and provision will be made for the accommodation for the mothers of the little patients.

**A Novel Feature.**—Among the special features of the meeting of the British Medical Association, one of the most interesting is an arrangement by Professor Victor Horsley of a series of lantern demonstrations of work that has been done during the year in pathological research (*Lancet*). This Section afforded an opportunity to practitioners of seeing collected under one roof, in the course of two or three days, all the best work of the laboratories and of the wards of Great Britain demonstrated by the men actually engaged in the research. The idea was a happy one and was carried out with Mr. Horsley's characteristic vigor and ability. It is probable that the success of this departure will considerably influence the programme and course of the work at the leading pathological societies which has hitherto been too much in the nature of a mere demonstration of post-mortem condition which, however, is by no means the be-all and the end-all of curative research.

**A Great Physician.**—In a recent address before a medical college (*American Laucet*) the Honora ble Thomas F. Bayard said: I never knew a really great physician who was not greater as a man—I mean whose greatness did not rest upon his personal and moral basis, which elevated and strengthened his professional life, infused itself into the community in which he lived, and was in fact the underlying and pervading cause of his influence and subsequent success in his profession. It has been my personal fortune to know such a man. It has been my privilege and delight to accompany him in visits where his only medicines were the personal presence and conversation of the man himself. He had shared and lessened their anxieties; counseled the wayward; had led the sick back to health; cheered the weak hearted; had rejoiced with them that did rejoice, and wept with them that wept. And I have seen such a man so surrounded by an atmosphere of love and trust, holding as it were the heart-strings of a family in his hands, their guide, philosopher, and friend, and then I realized what a moral force in society the profession, properly comprehended and properly fol lowed, was capable of exerting, and how relatively small a part of its usefulness was the administration of medicine.

**The Times** states that Dr. Horace Dobell, who formerly practiced in London as a specialist in chest diseases, and latterly has practiced at Bournemouth, has finally retired from practice. In future he will reside at his new seat at Parkstone Heights, Dorset.

**The General Practitioners' Alliance,** of England, has passed a resolution expressing the opinion that charities which bestow indiscriminate medical relief and levy fees upon the sick and needy should not be allowed to participate in the Hospital Sunday and Saturday Funds.

**A Noteworthy Step** was taken at the third general meeting of the British Medical Association, when a resolution was carried to admit duly qualified women as members of the Association. The decision at the Bath meeting thirteen years ago to the contrary effect may be recalled in this connection.

**A Municipal Charity.**—In building the new City Hospital which adorns Rolling Mill Hill, Nashville took a long, progressive step. It is creditable to its municipal government that all the public improvements projected during recent years have been executed in a solid and substantial manner. The new hospital was an urgent necessity, and a great humanitarian object was accomplished when it was built.

**Prevention of Cholera.**—In order to prevent importation of cholera the board of supervision has issued instructions to the local authorities of ports that no rags from France, the Black Sea, the Sea of Azof, or from Russia, Roumania, Bulgaria or Turkey, shall be landed in Scotland. Ships having cholera cases on board are to be subjected to quarantine, and arrangements are made for the disposal of the bodies of cholera patients dying on board.

**The Dangers of Ice.**—The Paris correspondent of a cotemporary writes: Immense quantities of ice are, it is needless to say, consumed during the summer months in this city of cafes. The question of its purity has often been raised, most people, however, swallowing it in perfect faith. That some portion at least of the ice supplied is not above suspicion from a sanitary point of view is proved by the recent action of the Conseil d'Hygiene de la Seine in forbidding the extraction of that product from an ice pond situated close to the river Seine. Another resolution passed unanimously by the Council was that a service of superintendence, with if necessary an analytical branch, be instituted with a view of controlling the quality of ice sold in Paris. It was also decided to request the Prefect of Police to keep a vigilant eye on the manufacturers of artificial table waters, as also *carafes frappees* (decanters containing a lump of ice), and to inquire as to the origin and quality of the water employed in the fabrication of these articles.

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**The Medical Magazine** is the title of a new monthly published in London, by Southwood, Smith & Co.

**It is Said** that the Jews have a less mortality, fewer still born, less illegitimacy, less crime, less insanity, and greater longevity than the christians.

**The Medical Pioneer** is a new journal published in London by the Council of the British Medical Temperance Association. It will be issued monthly at the low price of twopence a number.

**Georgia**, according to the Atlanta *Medical and Surgical Journal*, is now the dumping ground for the rag-tag and bob-tail of the profession who are rejected by the examining boards of the surrounding States.

**A New Cause of Measles.**—An English health officer recently received the following note from one of the residents of his district: "Dear sir, I beg to tell you that my child aged eight monts is suffering of measles as required by Act of Parliament."

**A Case of Small-Pox.**—Owing to the obscure and very unusual character of the disease, a case of small-pox was admitted to the New York Hospital in June, and remained in the wards for ten days before the true nature of the attack was discovered. The patient was a negro, and came from the Adirondacks, and as a result of this case six other cases of small-pox have since developed in the hospital.

**The Cigarette Epidemic.**—Our national legislation still finds time occasionally to attend to the public health. A report severely condemning cigarettes has been made to the senate by the Committee on Epidemic Diseases. Tee committee does not believe that the federal government can do much about it, except, perhaps, to forbid their importation and prevent their manufacture in the District of Columbia.

**The Death of Dr. Anthony Ruppauer,** of New York, is announced as having occurred in Pittsburg, Pa., on Sunday, the 31 ult. Dr. Ruppauer, who was a native of Sweden, was sixty-five years old. He was registered as a graduate of the Harvard School, of the class of 1857. During the early years of his professional career in New York he was known as a laryngologist, but he subsequently became a general practitioner.

**Conviction of an Abortionist.**—A notorious abortionist, of New York, by the name of McGonegal, who in 1890 was convicted of manslaughter in the first degree and sentenced to fourteen years' imprisonment, but who by an unfortunate miscarriage of justice was released on bail, under a stay of proceeding, and permitted to resume his nefarious calling, has now been arrested on a similar charge in connection with the death of a woman in Long Island City.

**A Tall Story** is told by the Iowa *Medical and Surgical Reporter* as follows: Six hundred and four physicians have their offices in the Venitian building in Chicago, and five hundred and seventy can be found in the Masonic Temple in the same city.

**The Gross Monument Fund.**—A supscription was at one time made for the foundation of a Chair of Pathological Anatomy, in memory of S. D. Gross. The *Medical News* says: We believe that something like $7000 was subscribed, but that amount not being sufficient for the purpose, the project fell through. Would it not be well to consolidate this fund with the Gross Monument fund of the American Surgical Association? This would insure a suitable memorial to Professor Gross.

**The Sixteenth Annual Meeting** of the American Dermatological Association will be held at the Pequot House, New London, Conn:, September 13, 14, and 15, 1892. The officers are: President, E. B. Bronson, M.D., New York; Vice-President, F. J. Shepherd, M.D., Montreal; Secretary and Treasurer, G. T. Jackson, M.D., New York. It is earnestly requested by the management that a short abstract of every paper read be handed to the secretary for publication in the Transactions of the Society.

**Sanitation of Cemeteries.**—M. Brouardel, the Dean of the Paris Medical Faculty, M. Ogier, and M. Du Mesnil have reported to the Academy of Medicine concerning the sanitation of cemeteries. Their investigation has demonstrated that the speedy or slow destruction of the corpse is in direct proportion to the quantity of air which reaches it; in chalky soil, through which air permeates with difficulty, dead bodies become transformed into a fatty substance, *gras de cadavre*, which lasts five to ten years; but if air freely circulates about dead bodies they are completely destroyed at the end of a year, owing to the action of certain insects.

**Quackery in Africa.**—An agent in South Western Africa, has written an account to Berlin of the present condition in that region (Boston *Medical and Surgical Journal*). A year ago a foreigner went through the country carrying on his back a bag filled with plasters, wafers, and different concoctions, which he made out of anything that came to hand, and replenished as they became exhausted. He advertised himself as much as possible, and received a most enthusiastic welcome from the natives. He remained only two or three weeks in one place and took payment in cattle which he drove from place to place. When he reappeared upon the coast he had a herd of about a thousand cattle. The German agent writes that the natives, after he had left the country, found out they had been swindled, and that it would not be safe for any dealer in medicines to travel through the district.

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**Cholera** is feared at Helmetta, N. J. The disease is diarrheal in character and has spread with fearful rapidity, 175 out of 400 inhabitants having been attacked in a few days. It is supposed to have been brought by a young Pole. Dr. Cyrus Edson, of New York, regards it as simply an aggravated form of enteritis due to the water the people drink.

**Royal College of Physicians of Edinburgh.**—Oral Examination in Medicine, Physiology, and Medical Anatomy.—The *Hospital Gazette* from which this is taken says: We are indebted to a successful candidate for the following list of questions given at the oral portion of the above examination: To enumerate the various diseases in which albumen and blood may occur in the urine; how would you differentiate and treat them? A person is seized with great abdominal pain, near umbilicus, this is followed by vomiting and collapse, pain in right hypochondrium and reflected to right scapular region. What would such an attack indicate, and what would you adopt for its relief? State nervous connection between the intra-scapular and right hypochondrium in regard to the pain. Candidate suggested: Biliary colic. Was questioned on cholesterine; mostly physiology questions. What conditions within the chest produce hypertrophy of the right ventricular chamber of the heart? Examiner asked only a few questions on emphysema—varieties, etc. Questioned on the differential diagnosis (in the absence of rash) between (1) typhoid fever, (2) tubercular meningitis, (3) pyemia. Spleen: (1) Give its anatomical relations, (2) diseases in which it is found enlarged, (3) limits of percussion dulness. Asked a few questions on stages of ague, and treatment. Application of Marey's sphygmograph by candidate. Shown tracings; candidate to explain abnormal tracings. Causation of irregularities in downstroke. Gower's hemoglobmometer; how hemoglobin is estimated; name diseases in which it is diminished. Candidate to show how he would use it. Give lateral and posterior relations of the upper and middle lobes of the right lung. Candidate answered this very imperfectly. What conditions modify the frequency of the pulse in regard to (1) physiological, (2) pathological conditions as regards (*a*) heart, (*b*) vessels, (*c*) peripheral resistance? Explain: bigeminus; trigeminus; paradoxus, as applied to the pulse; thready. Causes, physiological and pathological, of a pulse of high and low tension? What is understood by dicrotism? Enumerate the various agents concerned in modifying the blood pressure. State how measured. Shown a kymograph; had to demonstrate its use. Etiology, symptoms, diagnosis, and treatment of pseudo-hypertrophic paralysis. Cases in hospital were: (1) locomotor ataxy, (2) chronic fibroid phthisis, (3) pityriasis versicolor, (4) scabies, (5) perityphlitis. The candidate was also required to make an examination of urine, also questioned on pathology specimens and the microscope; tubercle bacillus, microsporon fungus, itch insect, pediculi pubis, squamous epithelium, granular tube casts, &c.

**Personal.**—The *Texas Health Journal* publishes the following: Drs. Stuart and Boyles, of Houston, are "medical directors" of an institute in Houston for the cure of the "liquor, opium and tobacco habits." The "Miner Institute" is the name of the concern. It is a stock company." It is said, in the glaring and flagrant newspaper advertisements, that "Dr. Miner will be at the institute for a number of days to demonstrate his treatment." "No liquor patient taken for less than three weeks' course at $25.00 per week." The newspaper advertisement further says: "The fact that the above named physicians—Stuart and Boyles—men of recognized ability throughout the state of Texas, have taken an interest in it, should stamp the symptomatic gold treatment as having the greatest merit." Further, "All communications strictly confidential." How is this for members of the Texas State Medical Association? Bah! Gentlemen read the code of ethics. We expect some blatherskite to attempt to have us expelled from the State Association because we here call attention to flagrant violations of the code of ethics, by members of the State Association. But little do we care. We intend to weed out and show up members of medical societies who while claiming to be the "supreme body," of Texas, the "medical authority" of the state, are, at the same time, violating nine out of ten commandments herein contained. Personally, we admire these gentlemen but the public demands that such concerns as this—*a la* Keeley, be ventilated. Why did the State Association refuse to condemn this and other like concerns advertised in the daily newspapers of the state? Oh consistency!

**Suicide of Dr. Walter Coles.**—Dr. Coles ended his life August 8, by means of two pistol-shot wounds which were self-inflicted. He was president of the St. Louis Medical Society at the time of his decease and a well-known member of the profession. The cause of his rash deed is stated to have been a fear of being attacked by hemiplegia of an incurable nature. Dr. Coles was a resident of St. Louis for many years, being originally of Virginian extraction. He was 54 years of age at the time of his death.

The remains were interred in Bellefontaine Cemetery August 10, at 4 o'clock. Religious services were conducted by the Rev. Dr. Berkly at the residence of the deceased's brother at 4527 Richmand place. They were simple but solemn. The remains were then escorted to the cemetery by a long procession of friends and relatives of the deceased.

The following honorary pall bearers were there: Drs. McPheeters, J. K. Bauduy, L. Bremer, G. Hurt, J. M. Scott, J. S. B. Alleyne and Wm. Johnston. The above had once been presidents of St. Louis Medical Society, over which the deceased had presided. The active pallbearers were: Drs. Mulhall, F. J. Lutz, Walter Dorsett, I. G. W. Stedman, H. C. Dalton and Robert Barclay. Messrs Alexander and Nickerson were also present.

The remains were placed in a vault temporarily.

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At a meeting of the St. Louis Medical Society August 10, at 10:30, eulogistic speeches were delivered by Drs. McPheeters, Hurt, Laidley, Fairbrother of East St. Louis, Atwood, and Ford. After the speeches the following resolutions were adopted:

Again the St. Louis Medical Society is convened to pay a tribute to the virtue, personal and professional, of a faithful member and honored officer. For 20 years Dr. Walter Coles, active, energetic and studious, faithful and reliable under critical observation, discharged in the most admirable manner every duty incumbent upon him as a citizen and physician. Of comprehensive intellect, devoted to his profession, and actuated by an elevated sense of responsibility, he has diligently and successfully pursued scientific investigations, which obtained for him the admiration of his professional brethren and the respect and confidence of the community at large. His contributions to medical literature have exhibited erudition and originality. Fluent of speech and engaging in manner, his discourses in this and other medical bodies were invariably interesting and instructive.

Our deceased brother by birth, education and association was a gentleman who endeared himself to all with whom he came in contact, and in the exhibition of sterling traits was evermore true to the requirements of the professional code of morals and exacting of its observence at the hands of others. Active in promoting the best interests of this society, faithful as associate member and trustworthy as committeeman, at the commencement of the current year he was elected to the highest office within its gift. Under his administration continued prosperity and increased usefulness has marked its career.

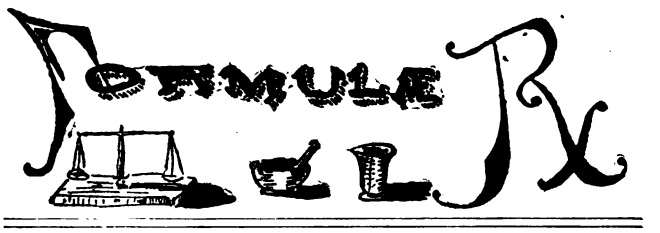
The city of St. Louis, society in general, his affectionate family and the profession of medicine have conjointly in the untimely death of Dr. Coles experienced a lamentable bereavement. There is left to us the memory of his genial self, the impress of his labor and the example of his daily life. We will cherish fond recollections of his manifold virtues and emulate his example.

As a last testimonial in this bereavement we will present a copy of this paper to his family and attend his obsequies in a body.

F. J. Lutz,
W. McPheeters,
J. S. B. Alleyne,
Le Grand Atwood.
Committee.

When Dr. Coles fired the fatal bullet that killed him, his family, consisting of a wife and four grown children, two boys and two girls, were visiting friends in Virginia. They were immediately notified by wire, and August 9, Mrs. Coles and the youngest son William arrived.

The entire affair created quite a shock in the profession of St. Louis and of Missouri.




**For Dyspepsia.**—The following appears in the *Doctor's Weekly*: For pain in the chest which comes on half an hour or an hour after food, take the following:

℞ Tincture nuc. vomic.,
Acid. hydrochloric dil., - aa gtt.x.
Aquæ chloroform., - - ℥ss.
M.
Sig. Take immediately after meals.

**Asiatic Cholera.**—Dr. R. W. Mitchell has had success with the following (Memphis *Med. Mo.*):

℞ Acidi sulphurici dil., - - - ℥ss.
Morph. sulphat., - - - gr. 1/8.
Spts. vini gallici, - - ℥iss.
Aquæ destillatæ, - - - ℥iij.
M.
Sig. Inject under the skin of the arms, legs, and over the stomach, every hour until symptoms of the disease are relieved.

**Chronic Gout.**—The following was a favorite of the late Dr. A. B. Garrod:

℞ Ext. colchici acet.,
Ext. rhei,
Ext. aloes socot, - - - aa vj.
Ext. belladonnæ, - - - gr. j.
M. Et. ft., pil. No. VI.
Sig. Take one at night, twice a week.

**Loomis' Tonic.**—The following appears in an exchange:

℞ Quiniæ sulphat., - - - gr. xv.
Tinct. ferri muriat., - - - ℥ij.
Spts. chloroformi, - - - ℥iij.
Aquæ, - - - - - ℥j.
Glycerini, - - - q.s. ad. ℥ij.
M.
Sig. Dose, a teaspoonful.

**Liquor Iodi Carbolatus.**—Boulton's Solution (*Ex.*):

℞ Tinct. iodi comp., - - - ♏cx.
Acidi carbolici liquefacti, - ♏xl.
Glycerini, - - - - - ℥iis.
Aquæ, - - - - q.s. ad. ℥xvj.
M.
Mix the tincture with the carbolic acid, liquefied by a gentle heat; then add the other ingredients, and expose the mixture to sun-light until it has become colorless.

Used also as a local application in diphtheria.

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I See most of your hair is gone, said Brown to Burton. Yes, replied Burton, it's left for parts unknown.

**Emperor William** recognizes the dyspeptic condition of Germany, and according to late reports is about to apply subnitrate of Bismarck.

**Doctor,** said the dying editor, I have one last favor to ask of you.

Name it, said the doctor.

I want you to attend the editor of the other paper!

**From** you own experience with the medicine, inquired the customer, can you recommend it as a nerve quieter? I can, sir; answered the druggist's clerk. The very first day I took a dose of it I slept splendidly the following night.

**Yours for Health.**—Clerk.—Here's a health item in this paper that I believe I'll work up into a placard to hang up in the hat department—next to "No Trouble to Sbow Goods."

Proprietor.—What is it?

Clerk.—"Don't Go Out Without a Hat."

**Consumptive.**—Yes, the doctor says I won't live six months if I stay here. Is your section of Florida healthy?

Florida Man.—Healthy? Half the people down there want to sell and come North.

Eh? Why?

Tired of life.

**Science Befuddled.**—Dr. Optycuss—You are standing at eighteen feet. Can wou read these letters?

Patient.—No, sir.

Dr. Optycuss.—Approach two feet nearer. Now?

Patient.—No sir.

Dr. Optycuss.—This is strange! Come four feet nearer. Now?

Patient.—No sir.

Dr. Optycuss.—Most remarkable case I ever met. Stand four feet away from the chart. Can you read now?

Patient.—No sir.

Dr. Optycuss.—Great Pisistratus! Am I mad? Young man, you are the most remarkable case that has come to my experience. You conquer me. You can know more about yourself than I do. Have you any idea why you can't read these these letters?

Patient.—Perhaps because I never learned to.

**Two Railway Companies,** one in Indiana and the other in Florida, have experienced the mortification during the last few days of finding their locomotives chained to the track, as the result of legal process for debt (*Railway Age*). In one case a counter appeal to the law secured release, but in the other case inventive genius triumphed, for, although the only engine on the road cantinued in humiliating captivity, operations were resumed by means of a flat car rigged up with sails, and at last accounts this uncommon carrier was "making regular trips" over the entire length of the road, 13 miles. Owing to the nature of the motive power it is probable that the schedule is not very closely adhered to.

**Announcing Stations.**—By the new system of signals and train service on the Fitchburg the brakeman is expected to go into the car until he is half way down the aisle before announcing a station (*Boston Traveler*). By this method all responsibility for not knowing when he arrives at a station is shifted upon the shoulders of the passenger. But, says the *Railway Age*, if the brakeman continues to announce the station names in Cherokee or Apache, we doubt if his location in the middle of the aisle will really shift the responsibility upon the passengers as indicated. Let it be hoped that efforts to improve the articulation of passenger brakemen will not be relaxed. It will be easier for them to learn to speak distinctly than for all passengers to become proficient in the trainmen's dialect.

**The Jaffa-Jerusalem Railway.**—According to *Engineering*, the British consul, in his last report, refers to the progress of the Palestine Railway, which has now been in course of construction for the last two years. The concession was granted by the Porte in 1888 to a company styled "Societe Anonyme Ottomane," having its headquarters at Paris, and the works, which were calculated to cost about £240,000, but which will probably exceed that sum, are being carried out by a firm of French engineers. A little over one-half of the line has now been constructed, and there is a prospect that the remainder will be completed in September or October next. The line from Jaffa to the foot of the mountains is in a fairly good condition, but it has not yet been opened to traffic. The part to be finished is that which lies between the Jaffa plain and Jerusalem, and which will follow one of the valleys leading up toward Jerusalem from the southwest. The work will be difficult, but it offers no insurmountable obstacles. The length of the whole line will be 54 miles, or 17 miles longer than the present carriage road. When the line is completed a branch will be made from Ramleh to Gaza, possibly with the object of forming a junction with a line from Egypt.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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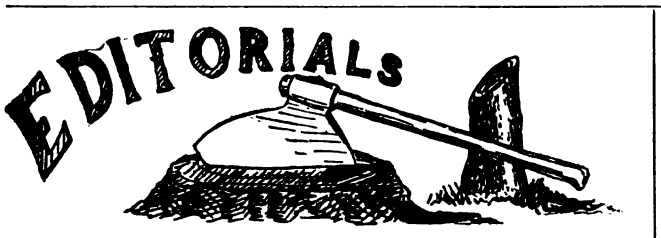


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Professional Dignity.

The profession of medicine is one which has lost much caste in this country in late years. The physician is no longer looked up to with that respect which is his due nor is his calling respected as it should be. He has become more or less identified with the ordinary "run" of individuals his attainments not being as highly regarded as those of the chemist, astronomer, or other experts in their particular branches. This was not always the case and there must be some reason for this. Having found the cause, it should be a comparatively easy matter to apply the remedy; but, it does not follow by any means that it will be taken and herein lies one of the difficulties of the problem which is presented for our solution. If we but examine into the causes leading to a loss of professional dignity it will be unnecessary to point out the means whereby this may be avoided.

The first question which presents itself for consideration is as to what constitutes dignity in a physician. This is a very difficult problem to grapple with for every one, perhaps, has his own ideas on this matter, so that whatever we may say on the subject will probably not meet with universal approbation and will, without doubt, be taken *cum grano salis* by a large number.

It may be premised that one of the prerequisites of dignity of any sort, in an individual, is a proper amount of self-respect. Respect can never be accorded to the individual who has no respect for himself. He cannot exact it of others, under such circumstances, nor will it be shown to him. It is not necessary, by any means, for any one to exert himself to show his self respect. If he but feels it, it will become sufficiently self-evident to require no forced exhibition which is more apt to be ridiculous than dignified. Self-respect is supposed by many to imply that they must hold themselves stiffly, look upon their surroundings as if from an eminence, and exhibit scorn for everything that is not intensely transcendental and for all other persons, showing a contempt for such inferior beings. Such is a form of pseudo dignity exhibited by men more conspicuous for shallowness than profundity.

This assumption of a false position is amusing at first and tiresome later on. It has a tendency to pall rapidly but is no more wearying than a trait which is so commonly observed, more especially in the younger members of the profession. These members of the profession, as well as some other ones, do not realize the full importance and responsibility which attaches to their calling. They exhibit so little regard for it that they unconsciously educate the laity in the same methods. The latter are always desirous of familiarity and will assume it whenever it is tolerated. The natural result invariably follows and the contempt thus engendered is, unfortunately, not restricted to the particular individuals who have awakened it, but is impartially shown for all physicians who are thus placed upon a common level they by no means deserve.

The following letter to a young physician, which recently appeared in the *National Medical Review*, is so replete with good advice and so true to nature that we reproduce it, trusting that the type sketched therein will show us "as others see us" and be additional proof of the fact we have been advancing that a large portion of the men practicing medicine do not pay sufficient attention to those little details which, taken altogether, lend dignity to the physician and cause patients to repose trust and confidence in him. The letter reads as follows:

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Two or three things occurred while I was in your

office a few days ago that annoyed me exceedingly. One of your patients placed his hand on your shoulder and said, "Now, Doc," and you appeared pleased with the familiarity. I would never submit for one moment to be called "doc." You lower your professional dignity greatly in allowing such an offensive term to be used. Demand your proper title at all times, and, too, give to others what you require of them. I may be wrong in my interpretation of another occurrence, but I venture to predict that the invitation you accepted to accompany this party on their pleasure ride will cost you in the end a good round fee. You told me that twice before you had accepted such an invitation from the same party, and that you had "a jolly good time." To be sure, the doctor should ever wear a cheerful mien and bring sunshine to his patients, but you gave the secret to my objection when you said you were just going to send a bill to the one who invited you to the pleasure ride. Now you were embarrassed and did not see how you could do it. It is a difficult and delicate thing to present a professional bill to an intimate friend or to one who has placed us under some obligation. Of course, you can carry my advice too far, but, generally speaking, I insist that levity and familiarity will weaken faith in your professional ability and work against your business interests. Then, again, I was surprised to see you, during hours, in your shirt sleeves and even without a collar. The white handkerchief about the neck was an apology, but there was none for your appearing without a coat. Of course it was oppressively hot, 94°, but it was "office hours" also. Patients regard their physician apart and distinct from themselves, as a little more than an ordinary person. Cultivate, rather than neglect this impression. Such cultivation will not only develop personal dignity, but will also enable you to reap a financial harvest.

The above, however, only touches upon a few points. One which we have observed and which reflects neither credit nor honor upon either the physician or his profession is that too common habit known as "saloon prescribing." A physician enters a saloon with a friend and is invited to take a cigar or a drink. The generous host then retails a story of his symptoms and asks "doc" to give him a prescription for his ailment. Of course, it is cheap and so is the man who will descend to doing such a thing. It is a common thing occurring most often in the case of the one who is the most ardent devotee of Bacchus. Every pot-house frequenter becomes an "intimate" of the physician and secures his services —free. He loses the respect of decent people and his own after a time to find himself forced to assume a new course which is difficult to acquire and which never will reinstate him completely in that position which its early adoption would have ensured him.

On the other hand, dogmatism is not dignity. The assumption of too much learning will avail not. To despise those who are presumably more ignorant is merely an evidence of small attainments and a complete ignorance of conduct. As the late Professor Robley D. Dunglison once said to his class, "feel that the true dignity of medicine is to be maintained by superior learning, ability and the *conduct* of those who profess it. Affability does not imply familiarity and to be pleasing in address is a not unimportant factor in the cultivation of dignity. Every one of our readers can recall to mind a physician whom he knew, who was loved and respected by his patients and colleagues. Let him ponder on the manners, words, and deeds of this exemplar and he will find that he was kind, considerate, courteous, affable, and pleasant. He will further find that he was a man who led in his professional attainments and was gifted with firmness of character.

We are being constantly regaled with the doleful cry that the profession is overcrowded, but we will venture to assert that it is not with dignified members of the profession. And this is one of the reasons why there are so many who are compelled to resort to other means in order to gail a livelihood. On the other hand, it must not be forgotten that the individual who is always depreciating himself is taken at his own estimate and he fares as badly, if not worse, than the one who is extremely self-assertive. However, we have said enough upon this subject to be plainly understood. Dignity does not consist in a long face, a long hat, a long coat, and long whiskers. These attributes may go a certain way with shallow-pated individuals, but the greatest success will attend the one invested with true dignity and such an one may be easily defined in one word which implies all the qualities enumerated above—gentleman.

**Feticide vs. Cesarean Section** is the manner in which it is put by the New York *Journal of Gynecology and Obstetrics*, which states that at the recent meeting of the American Medical Association at Detroit, the President of the Section of Obstetrics and Gynecology made a few remarks on the subject of Craniotomy vs. Cesarean Section. As a question of expediency, in view of the low death rate which attends the latter operation and that of Porro, we feel that Dr. Montgomery is right in doubting "whether the living child should ever be subject to embryotomy." It has been a vexed question, and obstetricians may congratulate themselves that improved methods will do away with the awful responsibility which is involved in considering the destruction of a living child. We understand that according to the laws of this State the sacrifice of a living child under any circumstances would be murder although no jury could be found which would literally enforce the laws. We are thankful that the question can be avoided.

**A Unique Mode of Advertising** is spoken of by Dr. H. F. Slifer (*Medical News*), who writes as follows: The subject of this communication is suggested by a memorandum in the *Medical News*, entitled "Copies of Advertisements Desired." For some time I

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have observed a scheme that is becoming more and more prominent, while its participants are multiplying in number and increasing in zeal. I refer to the indorsing of pharmaceutical preparations known as tablet-triturates, compressed tablets, or compressed pills, by prominent members of the profession.

A number of traveling salesmen call on me in the interest of their respective firms; they display their goods in an attractive array, and laud, in mercantile eloquence, the virtue, beauty, solubility, uniformity, and excellence of their wares, manufactured from the purest drugs, under the supervision of the highest commercial integrity. Preparation after preparation is presented; on examination I read on the label the name of a prominent professor of some university or medical school.

The agent insists on my purchasing the preparation because Professor —— uses it in the hospital. After declining to order the article, another bottle is produced, bearing the name of Doctor ——, who is the chief Physician in some State Institution or Hospital.

In this characteristic manner a sale may be effected by an argument based not on the merits of the preparation, but on the name of the doctor that indorses the label, as a stamp of approval.

I am in a position to know that many of these preparations are bought and prescribed, not because of their intrinsic value, but by reason of their high indorsement, and that they are used under the name of the indorser.

Recently, during a consultation, the attending physician informed me that the patient was taking Professor ——'s triturates. Not being acquainted with the preparation under that name, I inquired what they contained, and to my astonishment the physician did not know all of the ingredients, but assured me that it was the proper thing to give, because Professor —— recommended it. Many are thus influenced to use drugs not suited to the case, and with the therapeutical value of which they are unacquainted.

**A Liberal Profession** is the title applied to medicine by the Boston *Medical and Surgical Journal.* In an editorial review of Dr. Cuming's address in medicine delivered before the British Medical Association, it says: It is inevitable, he (Dr. Cuming), thinks, that the study of the old humanities must be curtailed, and must even in some measure disappear from medical education. Greek seems to him doomed past recall, and Latin must make a fight to retain its place. The pursuit of general literature, he said, is everywhere being regarded as less necessary, and from a utilitarian point of view it is impossible to give more than a passing regret to those branches of learning which have so long been regarded as the stamp and evidence of culture.

The *Journal* continues: While it may be true that the diagnostician, the surgeon, or even the teacher may be chiefly utilitarian in their courses of study, the physician needs in treating a disease a liberal education, which must come not only from wide knowledge of human nature but from books and laboratories. The Watsons and Lathams must be as many in the future as in the past. How is to be accomplished? First, by better methods of study in the schools, economizing time, and secondly, by a more progressive and liberal course toward the professional schools on the part of the universities. The President of Harvard has already pointed out the means of accomplishing both of these desirable ends.

As regards improving the schools, the influence of the medical profession must be for the most part indirect. In demanding that the fourth year at Harvard may be so arranged as to constitute the first year in the medical school, and in insisting that the graduates of the professional schools shall have a voice in the election of overseers of the college, we may help in raising the standard of medical education and in making Harvard a university in the proper sense of the word. The university must gain, by securing the sympathy and interest of men who, as graduates of our medical school, will in time be leaders of public opinion and exert a wide influence at the West and South, where we need our hands strengthened.

**The Value of Medical Journals** is not realized in its entirety as it should be, by the mass of the profession. Dr. Joseph Price states (*Am. Gyn. Jour.*) that his obligations are many, and strong ones, to the ably edited medical journals of the period; made interesting and instructive through the carefully and elaborately prepared contributions of the most active, studious and brainy men of the profession. Our debt to the medical press is not as fully appreciated as it should be. Our leading medical journals should find a place on every physician's and surgeon's table. They are valuable teachers and should always be ready at hand. There is no excuse for lack of familiarity with the best current literature of the period. There is no man so busy as not to be able to find time for such instructive reading. There could be no more profitable economy of time practiced than in picking up one of our American journals and reading it in odd minutes. The modern medical journals can very fittingly take the place of the old books with their effete lessons. They give us the rich assay of the experiences of the live men of the profession, by which all of us can greatly profit. They reach a class who have not access to clinical instruction and who can learn important lessons, gain points of valuable guidance in their field of work, through the discussions and reported cases in the journals. Such journals as the MEDICAL REVIEW which we have the honor of editing, are of special value to the young men of the profession. There is a keen realization by the profession that we do not as yet quite know it all, that there are infinite possibilities of growth and development before us, and that, in this development, the ably edited medical journal exercises a potent agency. The general practitioner can gain much needed information from those journals limited to special subjects. He will be taught the important lesson that there

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are limitations to his knowledge and skill—to recognize that there are functions which he does best. The fact that his field is one of general practice the more certainly brings him in repeated contact with cases requiring the skill and experience of the specialist. He should have the quick wisdom to detect the troubles that lie peculiarily within the sphere of surgery and the honest professional conscience, and good faith to patient, that will lead him to act promptly.

**Crime** seems to be more prevalent in hot weather and this leads the *Journal of the American Medical Association* to inquire if there is any interdependence between the two conditions. It suggests that physicians should study and educate public sentiment to recognize the physical and medical side of these cases. The experience of the recent heated term, if gathered up by competent students, would furnish a chapter of remarkable facts of the most intense scientific interest. These facts are more apparent in the northern and western States, than in the south, and have a direct bearing on the crime wave theory which seems so often supported by statistics.

This theory assumes that crime is due to cosmical and physical causes, which at long intervals gather and burst like storm clouds, then die away to a minimum. A prolonged heated term brings out a vast number of corroborative facts, and also points out apparent causes which seem to be active factors. The teachings of science show that disease and crime are literally interchangeable terms, and the relation is very intimate. Now if certain extreme changes of temperature are followed by increase of one or both, this fact indicates the operation of physical laws that should be studied and understood. Almost every active medical man in the country can contribute facts bearing on this question. Let every physician inquire into the crime and disease of his neighborhood that was dependent in whole or in part on the extreme hot period just past. Also the influence of the epidemic influenza in the past, and alcohol, with all the various unsanitary conditions which favor degeneration and debility.

From the accumulation of numerous facts of this character, many valuable deductions may be drawn, together with practical hints for prevention and treatment.

**Murder and Sexual Perversions** is commented upon editorially by the *Medical Record* in the following manner: The case of Alice Mitchell, which has just been tried at Memphis, Tenn., is a painful illustration of sexual depravity and the result of bad educational influences. The young woman was afflicted with an affection which Science, with a big S, calls psychopathia sexualis, and pronounces the subject a victim of a perverted sexual instinct. The pervert in this case attached herself to a Sapphic friend whom she killed one day in a fit of jealous fury. On trial, the defence of insanity was made. The medical experts were, we believe, unanimous in pronouncing the case one of a primary degenerative insanity; and the jury brought in a verdict of insanity.

We do not wish to contradict the combined testimony of so many alienists with reputations evidently very high in Memphis. Technically, perhaps, the girl was best considered insane; but we cannot avoid believing that if this alleged lunatic had been treated for worms, leucorrhea, constipation, or some other of the frequent mechanical excitants of unhealthy sexual desire, or if she had been taken in hand early by those in authority, and received a course of bread and water, and perhaps some strong corporeal applications, she would not have become a Lesbian lover or a murderess.

There is no function easier to control or to corrupt than the sexual. While some sexual perverts are born so, the majority are not, but form their habits through gradual vicious indulgence. Nearly all are amenable to moral influences, that is to say, to rewards and punishments. The sexual pervert may be technically insane, but he or she is legally responsible and should be so held.

Alice Mitchell has escaped the penalty of her depravity and her crime. The story may not be without profit to parents, however. The passionate friendship of young girls may be innocent and charming, but they need the wise scrutiny of those who have charge of them.

Perverted sexuality quickly breeds a desire for more and more filthy indulgence. Of nothing can it be more truly said: *Facilis descensus Averni.*

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**Bacteria in Mineral and Potable Waters.**—Dr. Walter S. Haines says on this subject (*Ex.*): There is a great deal of attention being given, in Europe and this country, to the presence of bacteria in both mineral and potable waters and I have been called upon to make analysis for these mico-organisms. I might say that they are present more or less in all waters, or perhaps more accurately, we are not able to eliminate them from the analysis.

Water that contains less than ten bacteria to the cubic centimeter is considered excellent water. Where there are from ten to fifty, the water is still considered pure, and even when the number rises to 250 it is classed as good water, but when there are above 500 bacteria to the cubic centimeter, it is deleterious.

In Chicago water, which I have examined for the past few months, the number of bacteria to the cubic centimeter has not been less at any one time than 2,000, and in some instances I have found as many as 8,000 to the cubic centimetre. I have been making some analyses of mineral waters and the purest specimen found contained only two bacteria to the cubic centimetre and I am not sure but that these got in in transit and were not orignally in the water.

It would, however, be remarkable to find sterile water. This is a most important and interesting subject.

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**Rare Monstrosity.**—Dr. J. F. Pratt describes the following unique case in the *Medical Summary*: The child was found to be in the following condition: All above the umbilicus was normal, and encircling that point was an opaque membrane which resembled, and no doubt was, the peritoneum. Its extent was about two inches in diameter, and terminated rather abruptly in healthy skin.

From the right hypochondriac region emerged the transverse colon, and crossed the abdomen externally to the left hypochondriac region, where it entered the abdominal cavity.

In the center of the abdomen, and just above the pubic arch, emerged the rectum, which curled up in the direction of the umbilicus, forming nearly one half of a circle about one and one-half inches in diameter,

The Monstrosity.

where it terminated with a circular opening, with no sphincter. There was no trace of an anus; the skin covering the site was perfectly normal and smooth.

In either groin was a scrotum and penis, the one on the right side being more fully developed, and through which the urine passed. The one on the left side was a little smaller, and through the penis at intervals blood was seen to pass.

The thighs sprang from the body at nearly right angles, which was the occasion of the obstruction during labor. From the knees to the ankles the legs passed downward and inward nearly to a line drawn through the center of the body. The feet were both in a state of talipes varus, and there existed also spina bifida.

**Compression of the Brain.**—In a paper on this subject (Nashville *Jour. Med. and Surg.*), Dr. W. T. Briggs says that it is a questiion with many surgeons whether compression compresses; in other words, whether the component parts of the brain can be more closely pressed together than when in their normal condition. Great pressure is often exerted on the brain structures without any symptoms indicative of pressure. On the other hand, injuries which do not induce compression often cause the symptoms indicative of that condition. A bullet, even of small calibre, when shot into the brain often produces insensibility, unconsciousness, stertorous breathing, and a full, slow pulse, with other symptoms of compression, instantaneously; yet very little pressure is exerted on the brain structures by the ball.

A blow breaks the skull and drives fragments upon the brain; insensibility and all the other signs of compression ensue at once, although the degree of pressure is so very slight that it can hardly be estimated.

An inflammation the effect of an injury, resulting in the formation of pus, produces the group of compression symptoms, although the formation may be very small.

In these examples the symptoms resulting, while they may simulate those of compression, are not caused by pressure on the brain; and if no serious lesion co-exists the symptoms will be evanescent and the functions of the brain will be restored in a short time.

But if an injury of the skull lacerates a vessel of some size, and blood is poured out, on or into the brain, the extravasation progressively increases, pressure will be exerted on the component parts of the brain until life is extinct (and often in a very short time) by direct compression of the brain structure.

If the pressure is fixed and stationary the brain will accommodate itself to it, and the symptoms, if any have existed, will pass off; but, if the pressure rapidly increases and persists, the function of the brain and life itself will be extinguished.

**Aboriginal Surgery.**—Dr. Wm. H. Hingston, of Montreal, narrated the following among other things in an address in surgery (*Brit. Med. Jour.*): Domestic surgery in civilized countries might in some things learn a little from the primitive methods of our aborigines. Take as an instance the treatment of the newborn infant. The yielding abdominal walls are never compressed by an unyielding bandage, and the young bird in its nest is not more comfortable than the Indian babe unencumbered by swaddling clothes. As the varied movements of respiration are not impeded the infant cries but seldom. It never suffers from local troubles as the children of the whites often do. The urine is carried beyond the infant's person, if a male, by an ingenious mechanical support which directs the

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stream. Feculent matter is received into dry moss, which is to be found, in large quantities, in every wig wam where there is an infant.

If, in the depths of the forest, an Indian breaks his leg or arm, splints of softest material are at once improvised. Straight branches are cut, of uniform length and thickness. These are lined with down-like moss, or scrapings or shavings of wood; or with fine twigs interlaid with leaves, if in summer; or with the curled-up leaves of the evergreen cedar or hemlock, if in winter; and the whole is surrounded with withes of willow or osier, or young birch. Occasionally it is the soft but sufficiently unyielding bark of the poplar or the basswood. Sometimes, when near the marshy margin of our lakes or rivers, the wounded limb is afforded support with wild hay, or reeds of uniform length and thickness.

To carry a patient to his wigwam, or to an encampment, a stretcher is quickly made of four young saplings, interwoven at their upper ends, and on this elas tic springy couch the injured man is borne away by his companions. When there are but two persons, and an accident happens to one of them, two young trees of birch or beech, or hickory are used. Their tops are allowed to remain to aid in diminishing the jolting caused by the inequalities of the ground. No London carriage maker ever constructed a spring which could better accomplish the purpose. A couple of cross bars preserve the saplings in position, and the bark of the elm or birch cut into broad bands, and joined to either side, forms an even bed. In this way an injured man is brought by his companion to a settlement, and often it has been found, on arrival, that the fractured bones are fimly united, and the limb is whole again. This is effected in less time than with the whites, for the reparative powers of these children of the forest are remarkable. In their plentitude of health, osseous matter is poured out in large quantity, and firm union is soon effected.

**Monstrosities.**—Dr. Mary A. Dixon Jones writes as follows (*Times and Register*) on this subject: The cause of monstrosities has been the source of much discussion. It must be the mother's defective nutrition, or abnormal condition of the nervous system, or prob ably a combination of both. A patient of mine during her pregnancy nursed her husband, who had inflammatory rheumatism and whose limbs were drawn and misshapen. The child came, a most difficult labor, the dystocia evidently due to the peculiar deformities of the fetus. Instead of the normal lower extremities there was almost a fish-like termination. The nurse said, "Do not let it live." Said I, "It is not mine to destroy life, I shall do all I can to keep breath in its body." But when there is such extreme malformation of the external form, there is usually some defect in the vital organization. This mass of flesh scarcely drew a natural breath. The indications are for a mother to keep in as good health as possible during pregnancy, all the vital organs acting up to par, to rest and save her nerve power. If a woman is unduly taxed, and her strength and nerve energy used up in another direction, there is nothing left for the development of the growing child.

**Recent Observations on Sulfonal.**—Sulfonal has been doing very satisfactory work in general practice, largely supplying the place of narcotic drugs in conditions in which the use of the latter is unadvisable. The usefulness of this remedy has called forth many expressions of opinion from all parts of the country. Among the newer uses which have been made of sulfonal in therapeutics, we have observed the report of Dr. Julius Althaus (*Am. Jour. Med. Sci.*), in which the author successfully treated post grippal psychoses, where insomnia was present, by the use of prolonged warm baths and sulfonal. Dr. Hammond is reported as making successful use of this remedy in the insomnias following the opium habit; and several observers attest its value in alcoholic delirium. Sulfonal has also given very satisfactory results in inveterate and incurable cases of epilepsy where there is super excitability of the brain, and where the attacks are very numerous. The alleviation was very marked in all cases, although the doses were smaller than the average dose for insomnia, being from 10 to 36 grains, administered in warm tea broth at bedtime, or given in fractional doses during the day.

**Hay Fever.**—Dr. A. B. Welford, in a paper on this subject (*Canad. Pract.*), offers a suggestion as to the treatment of the exacerbations, a powder used as a snuff, and consisting of:

℞ Menthol, - - - - - gr.iij.
Morphiæ sulphat., - - - gr.ss.
Cocaini, - - - - gr.j.
Bismuth. carb., - - - gr.vij.
M.
Sig. Ft. pulv.

This he has used for two or more years for the very common affection known as cold in the head, with almost constant and prompt relief. Although it varies but a trifle from the combination in use for hay fever, it possibly may be found more useful, and, besides, he feels in duty bound to offer something original, the latter being the only originality he can hope to claim in his paper.

**Twisted Pedicles in Ovarian Tumors.**—Dr. Joseph Tabor Johnson makes the following remarks in the course of a paper (*N. Y. Jour. Gyn. and Obst.*): Much has been said and written on the causation of twisted pedicles but as yet we are unable to state exactly why, or under what circumstonces they may be expected to occur, or what can be done to avoid them. While the axial rotation of an ovarian tumor may be very slow, and for a while without symptoms, when strangulation does occur the symptoms are sudden, painful and rapidly tend toward a fatal issue.

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While the rotation is slow the strangulation is sudden.

In one of my cases it would appear that the constant movements of a restless child in the patient's lap had much to do with rolling the tumor over in the abdominal cavity. Indeed the lady after her recovery assigned this as a cause herself. The alternate filling and emptying of the rectum has been assigned by some as a cause but why it should so act in some cases and not in others is not evident. As Tait and Bantock have seen about one hundred cases in their experience the occurrence of the axial rotation of ovarian tumors cannot be so uncommon or infrequent as we have formerly supposed. The diagnosis of this confessedly interesting fatal class of cases being somewhat obscure, and delay being necessarily so fatal, the very practical lesson to be derived from this imperfect study of the subject is, that earlier operations in all cases of ovarian tumors would avoid this distressing complication altogether.

**The Cremasteric Reflex in Varicocele.**—Dr. Theodore A. McGraw has made a study on the subject (*Jour. Am. Med. Asso.*) and to conclude with the summary of his paper, he says:

1. That the pathology of varicocele is variable, cases differing from one another both as regards causes and pathological conditions.

2. In one group of cases, the fault lies in the walls of the veins which have become weakened either by injury or from congenital or acquired disease. In this group, the cremasteric reflex may be altogether normal.

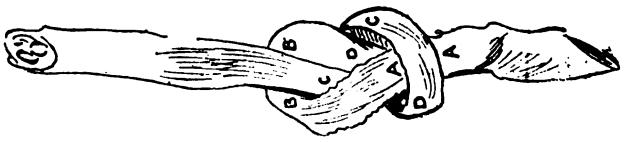
3. In another class of cases, the primary diseases involve either the cremaster or the nervous mechanism by which it is controlled. The muscles may be congenitally defective in volume or abnormal in position, or it may be entirely wanting, or, on the other hand, it may be either temporarily or permanently paralyzed. Whatever the nature of the original affection, these cases are marked by deficiency in the cremasteric reflex, which in some cases may be altogether wanting, and in others, very weak and uncertain. As the greater proportion of varicocele shows this symptom, it is fair to conclude that the majority of varicoceles are due to affections of the cremaster. It is important that the whole subject should be studied anew, in the light of pathological anatomy, and it will be well for those who are so fortunate as to secure autopsies in persons so afflicted to bear the matter in mind.

**An Obstetric Curiosity.**—Dr. John N. Dimon reports the following (*Times and Reg.*): March 8, 1892, I was called to Mrs. C., thirty-two years old, who was in labor with her eighth child.

Child in L. O. A. Labor normal; loop of cord around the neck, and in the cord a figure of eight-knot about ten inches from the placenta site.

I preserved a section of the cord, containing the knot in alcohol, and can say that in all my reading about obstetric cases, this is the first child I ever heard of who carried its number "on a string."

The cord is somewhat shrunken from having been in alcohol.




The letters AA, BB, CC, and DD are to show the places where the cord passes under other loops.

**Turpentine in Typhoid.**—Dr. T. T. Waller says (*South. Med. Rec.*) that turpentine is a good stimulant to the sympathetic, for under its use the mouth becomes moist and the tympanites relieved. If the secretions of the intestines, both mucous and serous, be aroused by turpentine (which we assume to be a fact), the gentle vermicular action is facilitated, and as a result the gases are either not generated, or else they are expelled or absorbed, and the pliant coat of the bowel is not so subject to extensive ulceration and inflammation.

The proper amount of turpentine in any case has to be determined by the effect it has in that particular case, for the state of the secretions is the guide to the amonnt used. It is well enough to bear in mind that turpentine sometimes deals harshly with the kidneys and brain, and in some instances it seems to be poisonous to the whole system and cannot be borne at all. When such is the case, its bad effects may be overcome by combining it with other suitable remedies. For example, the following will illustrate:

℞ Spirits terebenthin. - - - ℥iss.
Pulv. Acaciæ,
Sach. Albæ, - - - - aa ℥ii.
Tr. Opii. Camph.,
Listerine,
Aq. Camphoræ,
Aq. Cinnamomi, - - - aa ℥i.
M. Ft. Emulsio.

The opium, benzoic acid, ol. anise and camphor protect the kidneys, and at the some time the opium and camphor support and quiet the brain and nervous system. The listerine keeps the stomach in good condition while the eucalypus it contains acts as a febrifuge tonic.

With turpentine as the chief, and the other known remedies to corroborate and correct, I find to be good medication in typhoid.

**Antikamnia to Relieve Pain.**—Caleb Lyon, M.D., of Rossville, Staten Island, writes under date of May 17, 1892: I reiterate my assertions made nearly a year ago, and am daily prescribing Antikamnia with happiest effects. In my practice it accompanies the maid from her virgin couch to her lying-in chamber, assuaging the perplexities of maidenhood and easing the trials of maternity with most gratifying results. I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence.

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## Buffalo Letter.

Editor Medical Review.—Buffalo has, as usual, been favored in respect to summer weather for, notwithstanding the many complaints of heat, the thermometer in the last two weeks has only once or twice been above ninety and for the most part, has ranged between seventy-five and eighty. There has been comparatively little sickness except a moderate epidemic of cholera morbus. Out of seventeen deaths reported yesterday, six were from cholera and marasmus. By the way, why is it that we speak of cholera morbus and cholera infantum as if two separate diseases were meant, while the difference is only in some clinical features?

For several years Dr. Stockton has prophesied that cholera asiatica would again visit this country and in the not far distant future, that it was simply a question of time when the barriers of quarantine would be passed. Health Commissioner Wende, in a recent interview, has expressed the same opinion. He believes that we have good reason to fear the outbreak of cholera at any time and in almost any part of the United States and that the main hope of saving life lies in the prophylaxis, not in treatment.

Some time ago Dr. Mann presented a case at the General Hospital during the spring course of the University of Buffalo. The patient was a middle aged woman who had borne children. She complained of an irritable bladder which compelled her to rise several times in a night for the purpose of passing water. She was thin and rather weak but emaciated. In each lumbar region could be felt a movable tumor of about the size of a large fist. They had grown slowly, the patient said, and were tender to pressaure. From the location, where neoplasms are rare, from their similarity in size and position, their slow growth and tenderness, the diagnosis of true tumor was excluded. The additional fact of the general irritability of the urinary apparatus lead to the diagnosis of floating kidneys. Dr. Mann believes that the changed relation of the pelvic and abdominal organs during pregnancy and the expulsive efforts of labor are among the causes of floating kidney. He stated that the condition was much more common in women than in men and that he had never seen a case in a multiparous woman. With reference to the degree of displacement which may occur, he cited a case of Dr. Munde's who operated on what he supposed to be a prolapsed and enlarged ovary in Douglas' cul de sac and found a displaced kidney. The fact that the present patient was affected bilaterally, Dr. Mann considered a great obstacle to successful treatment. A single floating kidney might with propriety be removed, but both could not be and it would be of no practical benefit to the patient to remove one kidney. He reminded the class that some time previously they had seen Dr. Park sew a floating kidney into place with good result but a large series of similar operations reported in a German periodical had shown that the proportion of permanent cures was not large. For his own part, if he himself had a floating kidney he would decline operation and unless the patient wished to be operated upon, he would not urge radical measures but would adopt palliative treatment by means of bandages and pads.

Notes.—One wing of the new building of the University of Buffalo has risen to the third story, the other to the second.

Dr. Geo. F. Cott did another intubation at the Fitch Dispensary a few days ago. The patient was a boy, four years of age, suffering with (non-diphtheritic) pseudo membranous croup.

Strontium bromide and strontium lactate have been used by several Buffalo physicians with good result.

Twenty-five miles of asphalt pavement are to be or have been laid in Buffalo this year.

Dr. W. S. Renner contemplates an European trip for the coming winter.

Delaware Avenue is becoming a rival of Franklin Street as a doctors' row. Drs. Boardman, Mickle and Mackay have recently moved to Delaware Avenue, and Drs. Wende and Crego are preparing to build on it.

## San Francisco Letter.

Editor Medical Review.—The finale in the great "three act farce" was played at the regular meeting of the San Francisco Medical Society last Tuesday evening and was enthusiastically applauded. The first act appeared some few weeks since as quack advertisements in the daily papers with photographs, etc., in the highest style of the pictorial art. The second act was played with Dr. Lundberg as chief actor and denouncer of the authors of the same advertisements at the County Medical Society four weeks ago. When the curtain rose on the third act last Tuesday the committee on ethics found the accused guilty as charged, but believed it resulted from the extreme innocence of the physicians arraigned and recommended they be punished as follows: Dr. Daywalt to be suspended for thirty days (the period between the regular meetings of the Society), and Drs. Long, Lefevre and Clinton for ninety days and be asked to please not be bad again. It appears that these poor doctors were imposed upon and fell victims to bold, wicked reporters, who stole away their innocence and photographs at so much a steal (which they admit paying) and published them in the papers against their knowledge. We suppose these victims of reportorial wiles expected the canvassers to write Sunday school tracts about them. It is said in proof of the innocent natures of those gentle medicos, that they would

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not think of going to bed without piling the furniture in front of the doors for fear that someone might get in and steal their virtue. They don't dare go out after dark—treat night patients by telephone. It seems a great pity that the Society did not furnish them with nursing bottles and a guardian if they are so verdant as they were made to appear. It makes our "tired" ache to see such whitewashing. If they violated the "code" cooly they should be expelled and re admitted after a year if they behave properly in the meantime, while if they were such unsuspecting victims they might spend the year at the Children's Home. We believe that there is much matter in the "code" that could profitably be omitted. The whole "gist" of it could be summed up in a few plain statements so that a man, though a fool, need not err therein. The newspaper "articles" have accomplished one good thing in bringing to our notice what learned brilliant physicians we have on this Coast without knowing it—what gems of purest ray we have remained in ignorance of—but then the reporters are so bad, that perhaps they also lied on that point.

We hear of several cases of small-pox in the State during last week. Four cases in San Diego, one in Humboldt and one in Alameda. Still the State officer states all is safe and we rest contented. Another case of leprosy was isolated in the city this week and a second reported but cannot be found in the labyrinth of Chinatown. S. J. H.

## Some Suggestions in the Treatment of Diphtheria.

Editor MEDICAL REVIEW.—In a paper read before the State Medical Society of Minnesota two years ago, and published in the WEEKLY MEDICAL REVIEW, entitled "Thirty Years' Experience with Diphtheria," I expressed the opinion that mercury and sulphite of soda were the very best remedies that I had yet found in the treatment of the different forms of diphtheria; and after two years further experience I desire to reaffirm the statements then made.

I believe I have tried in this thirty-two years (both locally and systematically) about every remedy that has been brought forward with any respectable authority in in the management of this much dreaded disease. That list of declared remedies I find numbers by actual count eighty-five, and almost any of which will probably be found satisfactory in the ordinary "diphtheroid sore throat," and even in the milder forms of diphtheria. But in all the graver forms they will fail as a rule to yield satisfactory results.

In the "Collective Investigation of Diphtheria" instituted some years ago by the enterprising management of the *Therapeutic Gazette*, quite a number of the respondents declared that calomel had generally yielded the best results (myself among the number), and after eight or ten years further experience I can only here emphasize that statement.

About four years since, Dr. Jno. Koehl, of this city, assured me that he was having phenomenal success in the treatment of diphtheria with small doses of calomel (every two hours) in the very first stages of this affection, and the vigorous use of sulphite of soda (Merck's or Mallinckrodt's), combined with small doses of potassium chloras. (This he used both locally and constitutionally). Since that time I have employed this treatment in about eighty cases of true (sporadic) diphtheria with much more satisfactory results than I had formerly achieved. Many of the cases having been quite malignant and just such as I had formerly lost about 25%; while with this treatment I have only lost two cases (one in forty). I desire to candidly state, however, that this does not include six cases of "croupous diphtheria" seen during that period and all of which died. I mean here to state that those (six) cases were genuine (true croup) laryngo-tracheal diphtheria from their inception, and I must also candidly state that it has been my misfortune to never yet have seen a case of genuine croupous diphtheria recover under any treatment whatever. That they have occasionally recovered, especially under surgical treatment, I can not of course doubt, but so far it has not been my good fortune to see it.

Upon two of my cases tracheotomy was performed and upon two others O'Dwyer's tube inserted by skillful surgeons, but they did not recover. I have yielded (early) five other cases of croupous diphtheria into the hands of other physicians and surgeons and watched results, and I have to reaffirm that not one recovered.

My last case of diphtheria has been so recent and interesting on account of treatment employed that I desire here to report it somewhat minutely (or in detail) —as indicating, I think, an improved method of management in this terribly fatal form of the disease.

Leon R., male, aged 3½ years, was taken with croupy cough Wednesday, July 20. Was called at 10 P. M., (Friday), 22d. Had a hoarse, membranous cough; anxious and restless look; extreme difficulty of breathing; cyanosed hue of face with recession of larynx and chest at each inspiration; feeble pulse; no fever; no thirst, no difficulty of deglutition; no fetor; no lymphatic enlargement. Had been wading in water in the hot sun for two or three days previous to attack. No diphtheria in the neighborhood. Had not been away from home, and was always healthy. I could not see well in the throat. Diagnosis—"membranous croup" (probably non-diphtheritic). Gave an emetic of ipecac and alum. Emesis did not much relieve him. Ordered the solution of alum and ipecac to be given (teaspoonful) every hour. Left four powders; calomel, gr.ss, soda bicarb., gr.iv—one every two hours—to be followed by castor oil, a teaspoonful, turpentine one-half teaspoonful, strong salt water over larynx, on cloths.

July 23, 9 A. M. No better. Hard, thick grayish-white membrane low in throat; tonsils and palate clean; nose bled. Diagnosis, typical "croupous diphtheria"; prognosis, very unfavorable. Called Dr. Koehl at 11 A. M., and adopted the following treatment: Calomel, ℥xii; ft. charts No. xii. Sig. Burn one on a tin dish over a

spirit lamp close to patient in closed room (10x12) every hour, and let the room remain closed for twenty minutes after each fumigation, then ventilate.

We conducted the first fumigation, and were encouraged to see that the little patient got much relief in breathing inside of five minutes from the beginning of the inhalations. Treatment, quinine, gr.xxxij, syr. yerba santa, ℥ij; one teaspoonful every three hours. ℞ Sodæ sulphit. (Merck's), ℥ij; pot. chlorat, ℥ss; aquæ, ℥iij; one teaspoonful every hour, save when quinine was due. (The child could not gargle). Seven o'clock P. M., much better. Treatment continued, only fumigated every three hours through night.

July 24, 9 A. M. Better in every way. The calomel fumes seemed to act as an emeto-cathartic. Treatment continued, milk and whisky, beef essence; only fumigated every six hours. Dr. Koehl saw patient with me that evening and we agreed that he was almost on safe ground; playful; strength good; breathing good; occasional croupy cough, though not so membranous; no spread of membrane in throat; treatment continued.

July 25, 9 A. M. Not quite so well. Rather restless, and breathing not so good. Treatment continued with fumigations every three hours. Much better at 7 P. M.

July 26, 10 A. M. About the same. Not quite so well at 8 P. M. Now considerable enlargement of one lymphatic gland on right side (sub-max.). Coughs like loose membrane in throat. Found a large loose tube cast (½ by 1 inch) which readily removed, leaving throat clean though quite tender. Patient looked well and breathed well. Ordered fumigations at 10 P. M., and 6 A. M. Other treatment the same.

July 27. Remained about the same. Prognosis good.

July 29, 10 A. M. Not so well. Weak and vomited often. A light membrane reformed in fauces. Croupy cough. About the same at 8 P. M.

July 29, 8 P. M. Not so well. Vomited often; weaker. Examination, urine highly albuminous (¼ in vol.). Ordered whisky with lemon juice, milk, and lime water. ℞ Tinct. ferri mur., gtts.x; tinct. digitalis, gtts.iij; every four hours. Discontinued soda (and pot. chloras).

July 30, 9 A. M. No material change. Prognosis was rather unfavorable. Condition unchanged at 8 P. M.

July 31, 10 A. M. Weaker. Vomited everything. Urine more albuminous. Treatment suspended on account of vomiting.

August 1, A. M. Seemed rather better. Not so much vomiting. Breathing fair. Retained whisky and lemon, milk, and lime water, and resumed the solution of sulphite soda (without the pot. chloras). Urine about ⅓ vol. albumen. About the same in the evening.

August 2. Much worse. Retained nothing. Very weak; the breathing good.

August 3. Failing. Vomitted everything. Urine nearly one-half albumen. Rerused everything.

August 4, 10 A. M. Died quietly from asthenia (heart failure). Duration of disease fourteen days.

I have never before seen a case live beyond the fourth day. Dr. Koehl assures me that this treatment was fairly successful in Brooklyn, N. Y., where he has been practicing for the last two years; and although this patient died at last (from albuminuria), the prompt and marked relief which it afforded encourages me to give it further trial in similar cases.

I have depended largely on atomizers in these cases with eucalyptus, turpentine, lime, sulphur, etc., and am sure that I never saw as good effect as the calomel fumes produced in this case; while I also feel sure that this entire treatment is the very best with which I am familiar, and trust that it may at least furnish some suggestions of value to those who are compelled to confront this formidable malady.

Minneapolis, Minn. C. G. SLAGLE, M. D.

## Irresistible Vomiting of Pregnancy.

Editor MEDICAL REVIEW.—I herewith give your readers a sketch of a case of irresistible vomiting of pregnancy; it is the only case I have seen in a practice of fifteen years that could not be controlled by some of the remedies that are so highly extolled for such a reflex condition.

Mrs. ——, aged 28, mother of four children, oldest, about thirteen; youngest, two years of age. I was sent for to see her January 24, 1891, but was not able to visit her that night; I sent medicine to do until I could go. I saw her January 26; she was very weak, not able to raise up on her elbow to take a drink of water, which she was calling for every few minutes; any amount, from a tablespoonful to a quart would be promptly ejected; followed by a quantity of white mucus, bloody at times.

I learned that she had been vomiting constantly for twenty-two days. Her physician had resigned the case, hence my call. Her pulse ranged from 145 to 160; temperature, 101° to 102.5°; respiration was difficult and sighing; bowels sore, owing to so much retching. Not one mouthful of any food had been retained for twenty-one days. The whole line of drugs, so far as they could be obtained, had been tried. I found that she had not menstruated three times since the birth of her youngest child, and that each period had been two months apart.

I blistered her spine over the dorsal region, and gave ingluvin as well as other drugs. She could not sleep well at any time; morphia hypodermically failed. I left her, intending to see her the next day, but owing to other cases, I did not see her until the day after. Dr. S. D. Bevill accompanied me. She was much worse; I told the husband that the only chance for her was to produce abortion; he said, "any thing to save her life." I examined the uterus through a Hale speculum, found it enlarged, os somewhat dilated, and covered with granular erosions, depth four and one-half inches. I dilated the cervix, under cocaine, with Nott's dilator, and used Thomas' dull curette to tear up the attachments, if any were found. There was a slight discharge of blood; of course this work was all done under strict antiseptic precautions; the vagina was packed.

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During the time we were at work with the uterus, about forty minutes, all vomiting ceased. She was sick a part of the evening and night, though she rested better than she had since first attacked.

My brother visited her next day. He dilated the cervix still more, scraped out small pieces of the embryonic membranous placenta and some blood clots; then washed out the uterine cavity with an antiseptic solution, using a long piped, hard rubber syringe; she was some better, but still vomited. She was to have a hot water vaginal wash two or three times each day for some days.

My brother told me, when he returned to my office, that her pulse had fallen considerably, and temperature normal. She made a rapid recovery.

Winfield, Ark. CHEVES BEVILL.

## The Toledo Medical College.

Editor MEDICAL REVIEW.—At the regular meeting of the Illinois State Board of Health, held in the city of Chicago, on the 27 ult., that body rendered a decision against the Toledo Medical College, of this city, and placed it upon the list of colleges not in good standing, for the purposes of the Illinois Medical-Practice Act.

This is the result of the crooked work done by the school during the last session, in which half of the class was graduated illegally. Diplomas were given out so recklessly, and at such variance with the published requirements, and professional fidelity, as to render the institution little short of a diploma mill.

With characteristic vehemence the Illinois Board has come down upon this educational parasite by refusing to recognize the diplomas granted during the last session, as well as those issued hereafter.

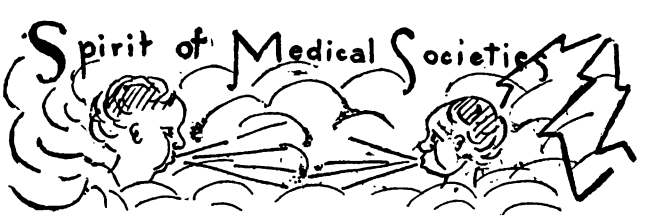
The following extract from the published minutes of the above meeting will speak for itself.

"Upon a review of the testimony, pro and con, in the case of the Toledo Medical College, of Toledo, Ohio, it is ordered that any diploma of that institution issued subsequently to the session of 1891 will not be received as a basis for the State Certificate entitling the holder to practice in the State of Illinois." And that "the presenting of such diploma must be supplemented by an examination before the Board of the graduate presenting the same, and the Secretary is hereby entrusted to notify the secretary of the college of this ruling."

The daily press of this city is deserving of great credit in exposing the fraudulent working of the colcege, among which we desire to especially mention the Toledo Blade. On many occasions the press of Toledo published accounts of the vile work of last year.

It is hoped that the medical press will be no less vigilant in their efforts to exterminate medical colleges of this class. A medical college should do honorable work or be compelled to cease its existence. We are, with best wishes, very cordially yours,

*The Toledo Medical Compend.*
H. G. BLAINE, M.D.




**Treatment of Pleural Effusions.**—At the late meeting of the British Medical Association (*Med. News*) Mr. John Croft, the President of the Surgical Section, opened the session with an address in which he briefly adverted to the three topics selected for discussion. He made the following propositions relative to the surgical treatment of pleural effusions, serous or puriform:

1. Early evacuation is the best principle to act upon.
2. The exclusion of air when practicable and the observance of aseptic or antiseptic technique should be rigidly observed.
3. Complete and perfect drainage of the cavity under treatment is essential, including counter-openings and large openings into the pleura or other pus-holding cavities.
4. Large cavities require adequately large openings.
5. Ribs and periosteum, intercostal vessels and nerves may be largely excised with advantage immediate and prospective, so long as ordinary precautions are observed.
6. Lack of early and adequate operations is an important, though not the exclusive cause of delay in the closing of cavities.
7. Lung abscesses and gangrene and bronchiectatic cavities, with certain obvious exceptions, are amenable to surgical exploration and treatment.
8. Hydatid cysts in the lung or pleura may be successfully extracted or otherways cured by thoracotomy.

**Voice Impairment and Sexual Disease.**—At the late meeting of the American Medical Association Dr. C. H. Leonard, read a paper on this subject before the Section or Diseases of Women and Obstetrics (*Am. Jour. Obst.*). The impression that disease of the genital organs might impair the voice in women was perhaps more or less general, yet it was not discussed in text books or medical literature, as he had been able to find only one article upon it—that by Dr. Von Klein, read at the last meeting of the American Medical Association. This author had traced the change in the voice more to disease of the ovaries, while Dr. Leonard had found it in marked degree in two or three cases of disease of the uterus, although he could not deny that disease here might have in some way involved the ovaries also. The improvement, if not complete return, of the voice in these singers, following uterine treatment, had been more or less of a surprise to him and intense gratification to the patients. He had one case which he was accustomed to show students as illustrating the connec-

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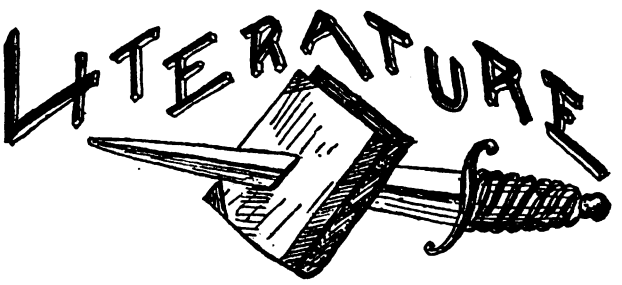
tion between uterus and larynx. Each application to the uterus would be attended by laryngeal spasm. The connection was supposed to be through the abdominal sympathetic supplying the genital organs, its relations to the pneumogastric, and hence to the spinal accessary which supplied the larynx. An analogue was seen in soprano male singers who had been subjected to castration.

**Uncommon Result of Otitis Media.**—At a recent meeting of the Richmond Academy of Medicine and Surgery Dr. Charles M. Shields stated (*Va. Med Mo.*) that he saw a man two months ago with the following history and symptoms: Four years previously there had been rupture of the tympanum of the right ear with escape of pus, resulting in the abolition of the sense of sound on that side. Two months ago, inflammation of the middle ear of the left side occurred, and ran the usual course, the drum rupturing on the evening of the third day with cessation of pain and temporary restoration of hearing. The following morning, however, the deafness returned, and has continued ever since. This is an uncommon outcome of otitis media, as total deafness never occurs. There is no appreciation of sound, even when the bones of the head are used as a conducting medium. Two days after the rupture, chills and fever supervened, supposed at the time to be due to ear trouble, but subsequently thought by Dr. Hugh M. Taylor to be malaria. Neither quinine, phenacetine nor aconite seemed to allay the fever, which continued up to ten days ago. There must have been some anomaly in the division between the internal and middle ear; permitting pus to gain access to the labyrinth before being discharged. Dr. Shields does not think cerebral abscesses are ever due to troubles of the internal ear, but they may occur from inflammation of the mastoid.

**Epithelioma of the Scrotum.**—Dr. F. W. Gwyer showed the New York Surgical Society (N. Y. *Med. Jour.*) a case with the following history: A man, sixty-five years old, Irish, had been in this country forty-one years, and was a farmer by occupation. He had had warts on his scrotum for some time. Last June the patient had noticed a growth on his scrotum of the size of a twenty-five cent piece. This had been treated with caustics and other remedies until the speaker had seen him, in February. The growth had then involved all of the left side of the scrotum, and was accompanied by enlargement of the inguinal glands of the same side. On the 3d of that month the growth and all of the enlarged neighboring glands were removed. The patient was discharged on February 18th cured. The speaker presented the case because of the rarity of the disease in this country. There had been no return of the trouble, but the patient had still a very severe itching of the remaining scrotum, which the speaker would like to know how to cure. Microscopic examination had verified the diagnosis.




**The Diseases of the Stomach.** By Dr. C. A. Ewald. Authorized Translation, from the Second German Edition with Special Additions by the Author, by Morris Manges, A.M., M.D. 8vo., pp. 407. With Thirty Illustrations. [New York: D. Appleton & Company. 1892. St. Louis: J. H. Chambers & Co., 914 Locust St.

Any one conversant with medical literature and original investigation will readily acknowledge that it is Continental authors, more particularly, who have done the most to enlarge our knowledge upon gastric, intestinal, and hepatic diseases. Their contributions to these subjects are among the most valuable in medical literature and we are more than pleased to see that an American translation of one of the best works on the diseases of the stomach has made its appearance. Whilst purporting to be a translation of the second German edition the work before us is really a revision of it by the author and, as he states, it will practically represent this third edition.

The author has had a vast experience in the subject of diseases and disordered conditions or the stomach, having devised a number of methods of diagnosis of the highest value. Throughout the present work we see the results of painstaking and accurate observation carried on by rational methods. A careful reading of the volume will prove a revelation to the majority of medical practitioners; and, although scientific in tone, the practical deductions are so clearly set forth as to be easily applicable in the daily work of the physician. Many obscure conditions will be made clear and means of successfuly combatting apparently intractable disorders will be acquired.

We have not the space at our command to analyze this excellent work. It would involve writing an equally voluminous critique. We can heartily commend it and before closing we desire to call attention to the most excellent work done by the translator. He has not only incorporated the notes furnished for this edition by the author, but he has added a number of his own as well, whose value lies in the elucidation they afford to certain parts of the text. In addition to this a most complete analytical index closes the volume.

The publishers have made the book a luxurious one. The paper is heavy and extra calendered, the type clear, and the binding elegant and lasting.

We have been promised by Dr. Ewald a work on intestinal diseases to appear in the near future and we await it with much impatience as it will certainly equal, the one under consideration, in excellence and that is to say that it will be a superior work on the subject with which it deals.

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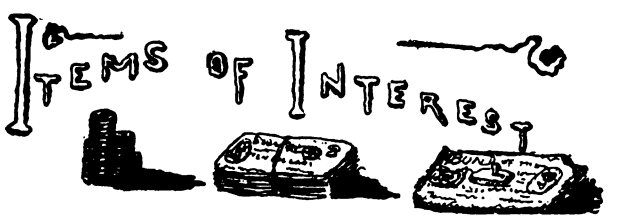


**A New Clinical Amphitheatre** has been added to the National Hospital for the Paralyzed and Epileptic, of London.

**A Substance,** called "Divorcin" is said, in *Der Derenfreund,* to be an excellent remedy for hysterical attacks Here is an opportunity for the paranomasiac.

**Dr. Hanson,** of Norway, is about to go to the Sandwich Islands, to study leprosy at Molokai, the Honolulu Board of Health having, it is said, sent him an invitation to do so.

**The Ontario Medical Journal** was to issue its first number Aug. 15. We have not received a copy as yet, but we understand that it is to edited by Dr. R. B. Orr, of Toronto.

**A Hospital for Consumptives** is about to be erected in New York, at a cost of over $300,000. It is to be called the Seton Hospital, and will be under charge of the Catholic Order of Sisters of Charity.

**Sir James Paget** recently stated, in a discourse, that no man was fit to practice twenty years after having obtained his license unless he had constantly read and been a student. To all of which we certainly agree.

**It is Said** that the Illinois State Board of Health will not accept a death certificate bearing the words "heart failure." It wants more definite information as to the cause of death. This will no doubt bring "grippe" into favor once more.

**Dr. Philip Markbreiter** one of the most highly esteemed practioners of Venice, died some time since at the advanced age of 83. He was the founder of the *Wiener Medicinal Halle* which subseqnently became the well-known *Weiner Medicinischen Presse.*

**Cocaine** is no longer looked upon as the harmless remedy which it was at one time supposed to be. Numerous deaths from its use as an anesthetic have been reported abroad and not long since, a death from cocaine injection occurred at Bellevue Hospital, New York.

**A Wise Board.**—The Wisconsin State Board of Health has refused to recommend the adoption of certain works on "temperance," endorsed by the Woman's Christian Temperance Union, for use in the public schools. The Board adjudges the books to be unscientific and misleading.

**The University of Tomsk** had, Jan 1, 1892, 289 students who were distributed as follows: first year, 76; second year, 105; third year, 73; fourth year, 35.

**The Three Stages of the Medical Student's Life.**—The late Dr. Henry Gawen Sutton, of London Hospital and College, was in the habit of dividing up medical student life in three stages, as follows: "First, he doesn't know; second, he thinks he knows, and then he doesn't know, but he stands on his feet like a man, and gives confidence to his patients."

**Physicians' Testimony in New York State.**—The New York Code of Civil Procedure contains the following concerning physicians' testimony (*Ex.*): "A person duly authorized to practise physic or surgery shall not be allowed to disclose any information which he has acquired in attending the patient in a professional capacity." In a life-insurance case recently decided by the Court of Appeals, the chief justice declared there was nothing to prevent a doctor from testifying that a particular person was sick and was attended by the witness as a physician. The physician may testify as to the day he was called upon to attend such a patient professionally, and how many times he attended, and whether his visits were daily or hourly. Therefore it appears, that, although a doctor cannot be obliged to testify as to the nature of the person's illness, he may be compelled to disclose the fact that the person was ill and consulted him as a physician, and how long he continued to see the patient.

**Leprosy in Siberia.**—The London correspondent to the *American Practitioner and News* says that Miss Kate Marsden has furnished particulars of the horrors she has witnessed during her recent journey in Siberia, which was undertaken to obtain specimens and information concerning a plant which is stated to be a cure for leprosy. At Yakutsk she especially found leprosy in all its horrors. Not the slightest care was taken of or provisions made for the poor sufferers. Upon a person being attacked by the disease, he was driven out of the place, and was not allowed to have any intercourse with his fellow creatures who remained untouched. At some miles distant from the place wretched huts, half in the ground were made, and in these the afflicted found shelter, until exposure, disease and hunger destroyed them. Without clothing, save such as a few sheepskins would provide, they endured the hardships of a Siberian winter or the heat of summer, their only food being the bark of trees or rotten fish left them by those relatives who took the trouble to remember them. The lepers were found, with limbs rotting off, living in a fearful state of filth and vice. Miss Marsden intends to return almost immediately to found a colony for the alleviation of the sufferings of these unfortunate sufferers. With regard to the plant, she collected specimens, but obtained only scant information concerning its efficacy as a cure for leprosy.

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**The Anthropological Congress** was opened at Ulm in Bavaria, August 1. Professors Virchow, von Waldeyer, von Nothnagel, and Ranke, of Munich, were among those present.

**The Order of the Royal Red Cross** has been conferred by the Queen upon Miss E. M. Lickfold, Acting Superintendent Indian Nursing Service, for her services during the Hazara campaign in 1888.

**Dr. H. Leloir,** the distinguished dermatologist of Lille, whose scientific mission to Norway in 1884 resulted in the publication of an admirable monograph on leprosy, has now been entrusted by the French Government with a similar mission in Roumania, where his duty will be to study various affections of the skin, particularly leprosy, scrofulo tuberculosis, and certain dermatoses of parasitic origin.

**Owing to the Spread** of the cholera epidemic, an order has been issued from the Ministry of Education of St. Petersburg prohibiting the resumption of examinations in all educational establishments until September 1, next. Also the lectures to medical students in their last term are not to be continued until November 1, so that students may be free to offer their services in the cholera districts.

**New Crematory for Berlin.**—Berlin is shortly to have a crematory, erected at the city's cost, in the Friedrichsfeld Cemetery, where bodies of the poor and unknown and of the subjects of anatomical investigation at clinics and hospitals will be reduced to ashes. The bodies from the anatomists' tables alone number about 1,000 annually. To further this practice the Berlin Society for Cremation has petitioned the Parliamentary Commission on the Civil Code that the choice between burial and burning be granted hereafter to every German citizen.

**Sir Joseph Lister,** the distinguished surgeon, closed his career as a clinical lecturer in King's College, not long since. According to the regulations of that institution a professor must, except at the special request of the Council, on attaining the age of sixty-five, resign his professorial duties, although there is no apparent diminution of his mental or physical energy. Sir Joseph Lister seems as active and able now as when, twenty three years ago, in the midst of his early experiments on antiseptic dressings, he resigned his chair of Systematic Surgery in Glasgow to become the successor of Syme in the Clinical Surgery chair of Edinburgh University. The authorities of King's College, recognizing the eminence and great ability of this distinguished surgeon, have so far relaxed the rules of the institution that they have determined to retain his services in the wards of the hospital for another year, his duties as a clinical teacher, however, being transferred to younger hands.

**Dr. Joseph Price's Prize of One Hundred Dollars.**—Dr. Joseph Price, of Philadelphia, Pa., pays the Medical Society of Virginia, a special compliment in offering a Prize of One Hundred Dollars, to be awarded the Fellow of said Society who may present, during the session of 1893, the best of the worthy essays on "The History of Surgery and Surgeons in Virginia." Dr. Price, as is generally known, is a Virginian by birth, and adds this to his many former expressions of inborn love for his native State and esteem of her professional renown The essays offered in competition are to be dealt with, in all respects, as are the essays offered for the Dr. Hunter McGuire Annual Prize. Fuller announcement will be made during the session of the Society, at Alleghany Springs next month, with reference to this prize offer for the session of 1893.

**Inebriety "Gold Cures."**—We have received a circular from a third American company for the "cure" of inebriety, which has found a habitat in London, says the *British Medical Journal.* The company state in their circular that their "gold cure" has been attended by "marvellous results" in the United States. There is nothing in the circular to show whether a secret remedy is employed, but the publication of testimonials from persons who state that they have been cured is of a similar kind to what we have been accustomed to in the commending of patent medicines and secret specifics. It is stated that there is a registered English physician on the premises, and that the treatment has been watched by a London practitioner. In the interest of the medical men referred to it is desirable to ascertain the real character of this undertaking, and whether it deals with secret nostrums, as in certain contingencies their connection with a company of the kind might necessitate inquiry by their colleges.

**"Scarlet Runners."**—A "scarlet runner" is a red ticket which is used in dispensary practice in Ireland. It entitles the holder thereof to a call from one of the dispensary physicians. A correspondent of the *British Medical Journal* gives a case which illustrates the abuse of this system. He says: Among the many cases published by you of "scarlet runners" improperly given to Irish dispensary doctors, perhaps nothing beats the following:

Some years ago I held a dispensary in Ireland. One of my wardens applied at the dispensary for medicine for himself, presenting a ticket, and prescribing a box of aperient pills, which, being new to the work, I gave him. Some months afterward he in person called at my house during my absence from home, and left a red ticket for himself. On calling at his house, distant from mine about three miles, I was told he was digging potatoes, and that I could go to him; which I did, to learn that he only wanted another box of the same kind of pills, which he found very suitable for general family use.

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**The Memphis Medical Monthly** devotes sixty-six pages of its August issue to the now celebrated case of Alice Mitchell, the sexual pervert.

**From and After** the 1st September, the medical teaching at Birmingham will be conducted in the Mason College and not in the Queen's College, which institution will then cease to have any connection with medical education.

**A New Pasteur Institute.**—Ground has now been broken for the new Pasteur Institute, which is to be erected at 97th Street and Central Park, West. The building is to be of brick, five stories in height, and fireproof. In addition to ample facilities for prevention inoculations against hydrophobia, there will also be a department for the treatment of nervous diseases.

**Small-Pox in Boston.**—For the first time since June, 1890, a case of small-pox has been reported in Boston. The patient was a Russian girl. She was immediately sent to the Small-pox Hospital in Roxbury, the first case received there in two years. Prompt action has been taken to prevent any spread of the dis ease, and it is to be hoped that an equally long period may elapse before the next case appears. An immunity of two years is surely a remarkably good record for a city the size of Boston.

**The Student Population of France.**—This census of the student population in France, which is taken every year January 15, gives a total in all Faculties for this year of 22,328, as against 20,785, the number for last year. Of these students, Paris claims 9,837, the provincial schools having together 12,121. There are, however, 4,500 students of medicine and pharmacy in Paris, as against 3,549 in the provinces. The figures thus given do not include the "free" or "Catholic" Faculties. These had in all 931 students in 1891; this number has now risen to 1,022.

**Death of Mr. Lane.**—We have to announce the death, on the 2d inst., of a well-known surgeon, Mr. Samuel Armstrong Lane, at the great age of ninety. Mr. Lane was for many years lecturer at the Grosvenor Place School of Anatomy and was elected surgeon to St. Mary's Hospital on its foundation in 1852. It was mainly due to him that the Medical School attached to St. Mary's Hospital was opened in 1854 and to him must be largely attributed the success which it has attained. Mr. Lane was for many years a member of the Council and of the Court of Examiners of the Royal College of Surgeons. He had retired from practice for some years past but to the last he took the greatest interest in all matters relating to his profession. Those who knew "Honest Sam," as he was called by his contemporaries, will remember him as an upright, kind and sincere friend, a sound, thoughtful surgeon, and a practical and earnest teacher.

**Judge J. C. Normile,** who recently committed suicide, was Professor of Medical Jurisprudence in the Beaumont Hospital Medical College, of St. Louis. At a meeting of the faculty of this College the following resolutions were adopted:

*Resolved*, That the following be spread upon the records of this Institution:

"The faculty of the Beaumont Hospital Medical College has learned with deep regret of the untimely demise of Judge J. C. Normile, Professor of Medical Jurisprudence.

"We mourn in his death the loss of an enthusiastic, conscientious and successful teacher."

**Registration of Births in Boston.**—The City Registrar has issued a circular, calling attention to the statute which went into effect May 26, making it the duty of every physician to report to the Registrar's office "a correct list of all children born in this city in the month next preceding, at which he was present, stating the date and place of each birth, name of the child (if it has any), the sex and color of the child, the name, place of birth of the parents, and the occupation of the father." Blanks will be furnished on application. A fee of twenty-five cents will be given for each case in which the statute is complied with, and a fine of twenty dollars for each case in which it is not.

**The American Ophthalmological Society** elected the following officers at its late meeting:

President—Dr. Hasket Derby, of Boston.

Vice-President—Dr. George C. Harlan, of Philadelphia.

Corresponding Secretary—Dr. J. S. Prout, of Brooklyn.

Recording Secretary—Dr. Samuel B. St. John, of Hartford.

Delegate to the Executive Committee, Congress of American Physicians and Surgeons—Dr. John Green, of St. Louis.

Alternate—Dr. D. B. St. John Roosa, of New York.

The next meeting will be held at New London, Conn., the third Wednesday of July, 1893.

**The American Association of Orificial Surgeons,** which seems to be composed of homeopaths, held its fourth meeting some time since. The officers of the Association for the coming year are:

President—Wm. G. Hall, M.D., St. Joe, Mo.

First Vice-President—S. H. Linn, M.D., Rochester, N. Y.

Second Vice-President—J. T. Warnock, M.D., Atlanta, Ga.

Secretary—C. M. Beebe, M.D., Chicago.

Treasurer—Francis D. Holbrook, M.D., Chicago.

Board of Censors—Wm. Webster, M.D., Dayton, O.; W. H. H. Jackson, M.D., Oil City, Pa.; W. E. Green, M D., Little Rock, Ark.

The next meeting will be held in Chicago, September 14 and 15, next.

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**The Medical Department** of the first Middle School of Chiba, (Japan) admits students in medicine and pharmacy. The entrance examination will occur Sept. 1.

**The Imperial University,** of Tokio, Japan, held its commencement exercises on July 10. The total number of graduates was 203, of which 31 were graduates in medicine.

**Ownership of the Prescription.**—At last a court has passed upon the ownership of the prescription, though, unfortunately, only a justice's court. The case was Wilcox vs. Wendover, which came to trial before Justice Kinney, a Detroit Dogberry. Wilson had a prescription filled by Wendover and, the medicine proving beneficial, demanded that the druggist return him the prescription. Wilson refused, and hence the suit, Wilson replevying the document. The justice decided against the druggist and the latter had to give up the prescription on the ground that the druggist, if he were the owner of the prescription, "could refuse to fill the prescription and thus deprive the rightful owner of all benefits at a time when the prescriptions were most needed and could not be replaced." Here's wisdom for you—whole chunks of it! We only hope Wendover will appeal to some court of record, and that a competent jurist will settle the vexed question of the ownership of the prescription.

**The Doctor as a Debtor.**—There is a good deal said in medical journals about the doctor's bills and the hard time he has to collect them. It seems that there are doctors who are debtors, and who are not very responsive to just monetary claims upon them. We are rather glad that the Cleveland boy, as narrated below, got the best of the debtor (*Med. Rec.*). The boy in question had a customer a certain South Side doctor. When the physician's bill reached $1 the boy presented it. It was hard to collect. The boy called several times, but the doctor never had the dollar. The physician moved away and the lad lost sight of him for a time, but finally located him on the West Side and renewed his attacks. At last one day he told his mother he would make one more effort, and then if that were not successful he would give it up. Accordingly he went to the doctor's office and found the doctor out. But inside the door hung the customary slate, On it the boy wrote, "Call at —— Street, William Smith." The doctor called and the boy saw him coming up the street. He told his mother what he had done, and said: "Now, I will go and hide, and you can show him the bill." "I will do nothing of the kind, Willie Smith," said the lady, "and you ought to be ashamed of yourself." A young lady visitor in the family thought more of the scheme and, confronting the doctor at the door, presented the bill. The professional man said that the joke was on him, paid the dollar, and went away laughing.

**Dr. Valerian Podwyssozki,** Professor of pharmacy in the University of Kasan, died not long since, at the age of 70. He was quite a prolific writer and an unremitting investigator.

**The Hypophosphites of Lime and Soda** in consumption, known as Churchill's treatment, are known to be of the greatest benefit. Practical experience has demonstrated their success and the new cure for consumption is very much superior to the old ones. We would recommend our readers to peruse "New and Old Cures for Consumption" which may be found on title page of this issue.

**Death under Chloroform.**—An inquest was held at Uxbride-road, London, on the 2nd inst., on the circumstances attending the death of Mr. J. M. M. Bishop, which took place in St. Bartholomew's Hospital, whilst undergoing an operation for the removal of a deep-seated abscess of the liver. The deceased was put under the influence of chloroform previously to the surgical precedure, and all went well until the operation had been almost completed, when the respiration suddenly ceased and all the means adopted to restore animation were found unavailing. The jury returned a verdict of "Death by misadventure."

**Entertainments.**—Anent the late meeting of the British Medical Association, the *Hospital Gazette* says: The good people of Nottingham find to their cost that it is distinctly possible to know too much of one's happiness. The local papers, several in number, were flooded with highly technical reports of the proceedings during the meeting of the British Medical Association, which cannot by any stretch of imagination be described as entertaining, and where comprehensible were most intensely depressing. It is all very well for the medical visitors. They, happy men, will probably find that they work all the better for a conversazione or two, interspersed with a quiet garden party or so. It must induce freshness of mind to leave the eternal bedside for a space and to meet one's fellow creatures without having to ask them to show their tongues. After years spent in hunting up entozoa, protozoa, and psorosperms, a luncheon at Chatsworth is a decided relief. One of the main objects of these gatherings is to bring specialists together and to teach them the elements of brotherly love. It is good, as a friend of mine remarked, that a man who has spent all his life picking motes out of the eye should learn that humanity has also an ear. It widens his sympathies, for the aurist at any rate, if not for mankind. "Those who know" never fail to find an inexhaustible fund of amusement at the spectacle of gentlemen of the same guild, who love each other like the goose does the weasel, sitting down to dinner and saying all kinds of amiable things to each other in public, as a set off to the other things said in private. 'Twas ever thus from childhood's hour.

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**Prof. K. Murata,** of the Japanese Imperial University, died June 27, last, of phthisis. His funeral which occurred three days later, was largely attended.

**A Plea for a Post-Mortem Examination.**—A convict under sentence of death at Valence for the murder of a monk, who had throughout strenuously denied his guilt, as a last resource requested that a post-mortem examination of his body might be made in order to conclusively prove his innocence. It was asserted as a fact that the real murderer of the monk was the subject of an ulcer in the stomach, which the convict declared would not be found to be the case in his body. We do not know whether this last wish of the condemned man was acceded to, but it seems that the test, if applied, was used too late to be of any diagnostic service; a preliminary laparotomy before execution would have been more to the purpose, but we certainly are not in a position to say that the absence of an ulcer in the stomach would have proved his innocence or its presence his guilt, and we should much prefer to let his guilt be decided by the ordinary rules of evidence. If we remember rightly, the convict Deeming tried to make use of the same sort of ante-post mortem evidence, if we may so call it, in favor of his insanity, but without much success.

**Cholera in Paris.**—An English exchange publishes the following from its Paris correspondent: Dr. Daremberg, the well-known correspondent of the *Journal des Debats*, has had the courage to declare that genuine cholera prevails in Paris and the neighborhood. A summary of his article has been telegraphed to the English press, and it completely confirms the information I had already forwarded some weeks ago. Dr. Daremberg says (and this was not mentioned in the telegraphic summary of his article) that Dr. Netter, working in Dr. Proust's laboratory, Dr. Chantemesse in Dr. Cornil's laboratory, and Dr. Roux at the Pasteur Institute, have all found, in the dejections of the Paris cholera patients, the comma bacillus which Dr. Koch discovered in India, which Dr. Straus found during the cholera epidemic at Toulon in 1884 and which Dr. Calmette is now cultivating in Cochin China. It is difficult to see what better proof is required than this; but it is urged that in some cases the comma bacillus has not been present Dr. Daremberg replies that this only shows that other microbes can produce the same choleraic symptoms. In this respect it may be mentioned that Dr. Peter, of the Necker Hospital, has also made bold to defy the authorities in their attempts to conceal the true character of the present epidemic. To him political and administrative considerations are of no concern—he has to deal exclusively with the scientific aspect of the question, and as a man of science he is bound to say that the cases described in official documents as "choleriform diarrhea" present very little marked characteristics of Asiatic cholera. In Dr. Peter's laboratory the comma bacillus was discovered some time before it was found by Dr. Netter.

**The London Post-Graduate Course** has issued its third annual announcement. This shows a most complete programme of three terms of six weeks each. The only drawback in connection with it are the high fees which are exacted.

**Damages Recovered.**—We read in an English cotemporary: After a very long and patient hearing, the action brought by Dr. Barclay, of Banff, against Mr. Duncan to recover damages for slander, has resulted in a verdict of £200 against the utterer of the libellous statements. It seems that Mr. Duncan went about telling people that Dr. Barclay had been guilty of indecent familiarities with the nurses at the Chalmer's Hospital, assertions which were shown at the trial to be utterly without foundation. A more damaging or cruel libel on a medical man it is impossible to imagine, and one only regrets that the jury did not see their way clear to concede the full £1,000 asked for. Even these damages, however, will probably make Mr. Duncan sorry he spoke, and his tardy remorse may suggest to maliciously disposed persons elsewhere the wisdom, if not the propriety, of holding the unruly organ in check.

**Quarantine a Century Ago.**—Among the terrors of the deep enumerated by Horace in his famous address to the ship which conveyed his friend Virgil to Athens quarantine has no place any more than sea-sickness. We know that the latter was familiar to seafaring antiquity, while the former existed, if at all, only in an occasional and arbitrary guise and was enforced against other visitations than those of disease (*Lancet*). But practiced as it was down to the most recent date, not only on ships of great tonnage, but on the small coasting craft peculiar to Mediterranean waters, it was found to be vexatious in the last degree. A light fishing smack, for instance, the *San Nicola*, hailing from Hydra, one of the Cyclades, Zuanne Mechxe, master, on its way from Naples to the Romanian coast, underwent in 1793 a quarantine of four months and ten days' duration off the island of Poveglia in the Adriatic. During that time ten of its crew died of *pestis bubonica*, but its cargo, consisting of nine thousand cheeses, was unloaded immediately and conveyed to the neighboring Venice without the diffusion in the city of contagion of any kind. The date, 1793, is noteworthy; for not long after, and certainly during the nineteenth century up to its last decade, quarantine was enforced on cargo as well as on crew, to the very serious prejudice of the commercial interests. In fact, in the decenium 1875-85 Italian trade was paralyzed, and that country is now congratulating herself on the "Ordinanze," whereby, even in presence of cholera, the restrictions on the unloading of cargo are minimized—reduced, in fact, to little more than a medical inspection, followed, if need be, by disinfection. For this happy change the *Opinione* thanks the Sanitary Congress lately held at Venice.

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**The British Medical Journal** must be prosperous if we are to judge by the following account it gives of itself: The steady increase in its circulation, which now exceeds 17,000 weekly, leads not only to a large annual addition to the list of subscribing members, but by the corresponding increase in the income from advertisements, which is due to the overwhelming superiority in circulation over any other medical journal in Great Britain; it adds very largely to the financial resources of the Association, and puts at the disposal of the Council, committees, and members a large surplus for public objects, for scientific grants, for the maintenance of the library, and kindred purposes, while it admits of a considerable annual investment out of the excess of receipts over expenditure. In this respect the balance-sheet presented showed very favorable results for the year. Upward of £15,000 were received for subscriptions, upward of £1,500 from sales of the *Journal* to other than members, and £14,475 from advertisements; so that after contributing £2,000 toward the general expenses of the Association, there was a surplus for the year of £3,861, leaving a total balance of excess of assets over liabilities of £45,199.

**The Crusade Against Opium in India.**—According to the Boston *Medical and Surgical Journal* the *Indian Medical Gazette*, in an editorial under this title, says that the terrible pictures which are drawn regarding the effects of opium in the East are not recognized by medical men in India; and they seem as far from the reality as are many a Hindoo's views of the injurious results following the use of alcohol. The crusade against opium is conducted by well meaning men who labor under the disadvantage of living in a part of the world distant from those countries whose inhabitants are accustomed in great numbers to use opium as a stimulant. The mistake lies in the lack of an intimate acquaintance with the habits of the people. It would be as unwise to form views on the injurious effects of opium on the Indian population, by an occasional bad consequence produced by the abuse of the drug in certain cases, as it would be to judge of the pernicious effects of tobacco on habitual smokers by dwelling on the results which were observed in a small boy who smokes a pipe for the first time. And it is as unwise to try to prevent the use of opium in India, as it would the use of tobacco in Europe. The opinion is expressed that the moderate use of opium in an Eastern country will have the same calmative and stimulating effects as the use of tobacco in the West: and that the excessive use of tobacco is almost as productive of mischief on the human constitution, as that caused by the abuse of opium. Moderate opium eating or smoking is on the whole a solace and mainstay to many who otherwise would be unfitted for the battle of life. The whole subject has been thoroughly discussed by the Calcutta Medical Society in which the view generally entertained was, that opium in moderation was not injurious to the human constitution.

**The Paris Municipal Council** has voted a sum of 20,000 francs for the fitting of public fountains in Paris with hygienic filters, in the quarters where the Seine is the source of the water supply.

**Note on Epistaxis.**—Dr. Archer related to the South Australian Branch of the British Medical Association, a case of epistaxis in which, after plugging anteriorly and posteriorly, hemorrhage occurred under the conjunctiva and skin surrounding the eye of that side.

**Coloration of Preserves by Electricity.**—M. Kochler gives details (*Times and Reg.*) of a new application of electricity in the industrial arts, which needs only to be mentioned to be condemned. It is a desideratum among the manufacturers of this class of goods to give to vegetables the green color which characterizes them in the fresh condition. In order to color them strongly, some manufacturers have devised the plan of boiling them in a copper basin. A portion of the metal passes into solution under the influence of the electric current, and gives to the vegetables, etc., the poisonous green color so foolishly appreciated by the consumer.

**Legal.**—The following decision by the Supreme Court of Illinois in the case of The North Chicago Street Railway vs. James W. Cotton, is of interest (*Meyer Bro.'s Drug*):

Evidence—To show payment and reasonableness of physician's bill.—Where the plaintiff in an action to recover damages for a personal injury, alleges that he was compelled to and did pay out and expend large sums of money in and about being cured of his injuries, it will not be sufficient for him to prove merely that he has paid a certain physician's bill in order to its recovery, but he must also show that by reason of his injuries he has necessarily incurred such bill and that it is reasonable.

Damages—Right to recover for medical services.—In such case the court, on specific objection, may, before admitting proof of the plaintiff's liability incurred in curing himself and its amount and reasonableness, require an assurance from counsel that he will follow up the evidence by proof of payment. On failure to prove that such a bill has been paid, defendant should move to exclude all evidence in relation to the physician's bill, or ask the court to instruct the jury to disregard it.

Physician—Proof of his license—Right to receive payment for services.—Where the question of a physician's qualifications and right to practice in his profession arises only collaterally, proof that he has practiced medicine in the State for a long time will show *prima facie* that he was lawfully entitled to practice. But if he were to sue to recover for professional services, he would doubtless have to show affirmatively his compliance with the law regulating the practice of medicine.

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**The St. Louis School of Midwifery** is the latest medical institution which has become incorporated in Missouri. The requirements for graduation include two terms of three months each occurring in the same year.

**A Dog Hospital and Dog Clinic** are to be established in connection with the University of Pennsylvania. We learn that "on the first floor the commodious clinic-room will open into the largest apartment, that for the non-contagious cases. At either side of the latter will be the mange and the distemper wards, both being separated.

**The Number of Deaths** from cholera in and about Paris are now supposed to exceed 400, yet the epidemic has not yet taken root in Paris itself. In the suburbs it exists only in the north and west of Paris, just at that bend of the Seine which seems to be especially contaminated; but within the walls of Paris the cases are scattered in every direction.

**A Veritable Museum.**—One who wishes to see a good "paper museum" should buy—or perhaps it would be best to borrow—a copy of *The Medical Directory of the United States*. It has many interesting and amusing features says *Medical Progress*, and then continues its sarcasm as follows: You not only learn the name and address of all the physicians of the country, but their sex, place, and time of graduation also. But this is not its most interesting feature. You must read the advertisements if you want to be amused, and see what tempting traps are set for the credulous—advertisements without end of cancer hospitals and strange medical journals. A hospital is advertised where cancer is treated "with the great infallible Indian Plaster," with *never* a failure. Another cancer hospital advertises to send one of its consulting staff to any part of the country in consultation.

Strange and formerly unheard-of medicines are advertised. One learns on one of the pages of "Miscarine," a never failing emmenagogue compounded from "unknown products of the vegetable kingdom." Other like medicines find the *Directory* a mouth piece to make known to the world their great virtues.

In its pages the profession is informed of the fact that here in Louisville is situated "The Louisville National Medical College," to which "students are admitted without regard to nationality" and that "chemistry and dissections are to be had at very reasonable prices."

And so we might extend mention of the freaks and follies which are here placed before the profession. In a word, everything that offered got space—patent medicines, fraudulent medical colleges and spiritualists all are found here in their glory.

Those who have a *Directory* or can borrow one can spend an hour quite merrily going over this foolishness. We do not wish to be understood as recommending a a perusal of this book, but thought it would be worth knowing that this book is a medical curiosity shop.

**Acute Gastritis.**—Menche praises the following combination (*Med. Bull.*):

℞ Acid. mur. pur.,
Resorcin sublimat., · aa grms. 2.
Syrup. corticis aurant., · " 20.
Aquæ destillat., · · · " 178.
M.

**Chronic Pharyngitis.**—The following appears in an exchange:

℞ Ergotin., · · · · · gr. xv.
Tinctur. iodin., · · · · ℥j.
Glycerin., · · · · · · ℥j.
M.
Sig. To be applied three times a day by means of a brush.

**Scabies.**—The following appears in *Nouveaux Remedes*:

℞ Petrolei, · · · · · · ℥ss.
Ceræ albæ, · · · · · ℥ss.
Alcoholis, · · · · · · ℥v
Saponis, · · · · · ℥x.
M.
Sig. Use locally.

**Spiritus Ophthalmicus.**—This is said to be a remedy of great value in chronic conjunctivitis. The old English writers on ophthalmology used it extensively (*Med. and. Surg. Rep.*):

℞ Spiritus camphor.,
Spiritus vini gallici. · · aa ℥j.
Spiritus lavandul.,
Spiritus rosemar., · · aa ℥ij.
M.
Sig. Eye spirits, to be used only externally over the closed eyelids.

**Coleman's Solution.**—This is a solution of bromide of arsenic, and the following is the formula (*Doctor's Weekly*):

℞ Arsenious acid,
Caroonate of potass., · aa part 1.
Bromine, · · · · · parts 2.
Distilled water, · · · · " 93.
M.
Boil the acid and the potash salt in 15 parts of water until dissolved; when cold add the bromine and the remainder of the water.

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**Wetmore:** Did Old Soak leave any last word? Dryden: Yes, he said it was tough to be laid out on only one bier.

**The Power of Imagination.**—Dr. F., one of our readers, relates that quite recently he had occasion to use the stethoscope upon an old lady who had called to consult him with a companion. Having completed his examination of the patient he turned aside to get the medicine indicated, and as he did so he heard the old woman saying to her companion:

"Tnat thing the doctor put on me has already did me lots 'o good. Where he rested it on my chist there is a spot as big's a silver dollar that burns like fire, an' my back's all in a sweat."

"Is that so?" said her companion, lost in admiration of the wonderful instrument.

**A Drug Clerk Astonished by a some what Unusual Order.**—There was a puzzled look on his face when he entered the drug store, as if he wasn't quite sure he knew what he wanted. But he walked boldly up to the clerk and said.—

"Give me a bottle of mutton, tin and rum."

"I don't understand the order quite," replied the puzzled clerk.

"Confound it, I never can remember the names of things. Perhaps its veal, copper and gin. Got any of that?

"No, sir. Try again."

He walked up and down the floor a little while,and got madder and madder. Presently he burst out fiercely:

"See here! The name of that thing is corned beef, brass and whisky, or something like that. Its full of meat, metal and alcohol. Confound your stupidity, you must know what it is."

The clerk felt like signalling for a fool catcher, but he restrained himself, venting his aroused energies in pulling down a lot of bottles and putting them back again.

The customer began figuring it out with himself. "Let me see," he mused, "is it pork, silver and brandy? No it isn't that. Chicken, lead and mercury? No, that does not sound like it. Ham, gold and alcohol? No; confound the blankety da"—

Just then his eyes lighted on a sign. He gave a grin, and pointing to it,said to the clerk, "Give me some of that," and the clerk took his money and gave him a bottle of beef, wine and iron. "What stupid people drug clerks are, he soliloquized as he left the store."

**The Alton Bridge.**—The first caisson of the Bellefontaine Bridge was launced last Saturday. Several hundred artisans are employed and the work will be rapidly pushed.

**Expert Evidence.**—An eminent jurist, in writing upon the question of evidence, divided unreliable witnesses into three classes, to wit: liars, blank liars and medical experts (*Railway Age*). Upon reflection we frankly confess our inability to successfully controvert the conclusions of the writer. While under ordinary circumstances we would vigorously object to being in any manner associated with liars, we are unable to disassociate the average expert from the unreliable witness. Until present customs cease both upon the part of the lawyer and the doctor, the allegation of Judge Story must stand unrefuted.

While we doubt the millennial effects of the proposed law as prognosticated by Dr. Culbertson yet we will be satisfied, if it ever does become a law, if it reduces by 50 per cent the average "railway spine" and prevents the spread of the latest fad, the "railroader's kidney."

**The Milwaukee, Lake Shore & Western Railway Company** goes through the lake region of Northern Wisconsin and Michigan, that paradise of anglers. The fishing is reported as being particularly good at the present time and fisherman should embrace the opportunity of getting a vacation. Gogebic Lake, Mich., affords the best black-bass fishing in the United States whilst brook trout is plentiful in its tributaries. The Twin Lakes Fishing and Hunting Club has thoroughly established the reputation of Twin Lakes, Wis., to which not only sportsmen, but health and pleasure seekers are invited. We have not the space to enumerate the large number of lakes, rivers, summer resorts and other attractions which lie along the route of the North Western line but would advise our readers to carefully study this road's map of the Northern Lake Region. The number and variety of attractions furnished is such as to almost bewilder one by the advantages offered. We have no doubt that when the American Medical Association meets at Milwaukee next year a number of excursions will be arranged on this line and the members will have a region opened up to them which will be a revelation.

For detailed information regarding the Lake Regions, or the Copy of Guide Book, Wisconsin and Michigan Game and Fish Laws, etc., address C. L. Ryder, General Passenger Agent, Milwaukee, Wis., or J. S. Barrow, City Passenger Agent, 208 Clark Street, Chicago.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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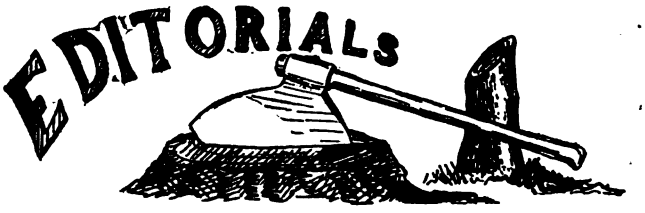


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## A Justifiable Operation.

Since surgeons have become so plentiful in these latter days surgery, as it is called, has acquired an impetus such as it never enjoyed before. The conditions leading to this onward march are numerous and various, but there are two leading features which more than any else have acted as direct stimulants to the phenomenal growth of this branch of the medical art. The first and by far the most important has been antisepsis. The discovery that "surgical fever" was a septic process and that it could be prevented paved the way to the attempt at the performance of more dangerous and complicated operative procedures. It was found that certain cavities could be laid open with impunity and so it went on until the possibilities of operative surgery can not be measured at this day. The field appears to be one without limits and the improvements which are constantly being added enlarge the scope and extend the lines which have but just been regarded as the ultimate bounds which could be attained by operative surgery.

A natural consequence of the great success which has attended the onward progress of surgery has been the creation of a phenomenal number of surgeons. The merest tyro has performs laparotomies, craniotomies, extirpations of various viscera, etc., and each one believes himself to be the coming master. There is none so poor as to do reverence to a surgeon. In consequence of this increase in the number of operative surgeons a rivalry has sprung up as to who does the most work. The character, or the quality thereof matters but little, it is the number that occupies the first position. A miserable dozen laparotomies is looked upon with contempt albeit all were successful. Our modern surgeons are always successful. It is only the old fogy and fossil who sees cases and performs operations in which the results are either negative or fatal. Under the above conditions surgery increases and this increase is observable on all sides. The medical journals teem with reports of surgical operations; we hear them continually spoken of in the medical societies; and, in fact, we are surfeited with surgery, operations, instruments, etc., and we wonder where the physicians are in hiding as they seem to have completely disappeared from sight.

When we contemplate this vast array of surgery we are tempted to exclaim *cui bono?* Certainly it cannot be said to redound to the good of the patient, nor to the glory of surgery. It may prove of temporary benefit to the surgeon, but a reaction will most certainly set in. The present tidal wave of operative surgery will most certainly recede and when it does the long rows of bleached skeletons of its victims will certainly bring a reaction whose shock will be felt to the very center of the medical fabric. A surgical craze has seized the younger generation and a mania has developed itself seeking for victims who are likely to enrich pathological collections without benefit to themselves. The *furor operandi* is evident everywhere, and hospitals are springing up in every direction with vertiginous rapidity. Medical students have become seized with a thirst for blood and they will not be satisfied unless the sand of the arena is soaked with it. Like the old Romans, when one victim is disposed of the cry is raised for another and another until the fierce appetite for gore has been stated.

We do not desire to decry operative surgery for it would not only he impossible to do so but absurd as well in view of the magnificant triumphs which it has achieved. But, we will ask, can any one uphold a practice which advises a laparotomy for every belly-ache or

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spaying for every attack of "vapors"? This brings us to the question as to what constitutes a justifiable operation? For, no one will deny that the justifiable operation is the only one which should be performed. An operator is one who performs an operation but it does not necessarily imply that he is capable of judging as to the desirability of performing it, or whether he is justified in his operative course of action. If operators were qualified in this respect they would certainly avoid performing so many operations which are subsequently demonstrated to have been uncalled for, useless, and unjustifiable. And that such is the fact every one knows, who has had the most superficial acquaintance with operators.

Who then is qualified to state positively that an operation is justifiable? Who is the one that is going to pass judgment in such cases? To our mind it is the surgeon and the physician. By surgeon we do not mean the man who cuts, saws, tears, and sews or wires, but the one who, by reason of observation, skill, and judgment can say that an operation should *not* be performed and who has the moral courage to abide by his decision. He is the one who knows when an operation is justifiable and who can perform the operation. Such is a true surgeon in every sense of the word. The other, who cuts at every opportunity which presents itself is an operator and he should be limited to the performance of operations recommended by others. The physician who has experience, sound judgment, and who is actuated by a high sense of duty is one whose opinion should decide the necessity of an operation. Given surgeons and physicians like the above we will have few operations and less victims. Our readers who claim to be surgeons may think that we are dealing harshly with them, but we are merely stating some unpalatable truths which they cannot but admit.

We have had occasion to see a syphilitic tubercle largely excised three times, with recurrence each time, by a surgeon who bore a high reputation. Mixed treatment internally and bichloride dressing externally caused a prompt disappearance. It may be urged that the operations were justifiable because the surgeon took the lesion for a malignant one. We uphold that they were unjustifiable because the surgeon was more anxious to operate than to cure. He must have had doubts and he should have called in better diagnostic skill if his was wanting. Herein lies the great difficulty. The surgeon is looked upon by physicians and the laity alike as possessing greater diagnostic skill and ability because they cut well. Blood makes a great impression and spreads a great deal; brains are invisible and the finer the quality the less apparent to those who lack in judgment or observation.

One of the causes of the deficiencies in our younger generation of surgeons is that they are not sufficiently trained in the purely medical branch of our art. They graduate here, become the assistants of surgeons, go abroad and fill the same positions acquiring more or less dexterity in performing operations. Then they return full-fledged surgeons, and, in many cases, knowing no more of the signs and symptoms of internal diseases than they did in their first year at college. They have not had an opportunity of observing and treating the thousand and one conditions observed in general practice and they are entirely ignorant of the minutiæ which go up to make the sum total of the knowledge necessary to form a judgment as to whether the proposed operation is justifiable or not. Let us have more accomplished *surgeons* and more justifiable operations and let *operators* be limited to their proper function—operating.

**Rashness** is a characteristic of youth and we are forcibly reminded of it by a correspondence in the present issue in regard to the Iams case. Our correspondent does not stick to the text but lucubrates on strikes, foreigners, etc. We have it from the best legal authority that the punishment of Iams was unjustifiable and the civil suit he has entered into will decide that matter. We have it on good military authority that hanging by the thumbs is not a military proceeding. And we have on medical authority that a physician who will deliberately stand by and see a fellow-being tortured is undeserving of the name of doctor and should not be permitted to practice his profession. Medical journals are not in favor of socialism, or anarchy, neither do they uphold despotism or cruelty. We only wish to see our correspondent serve his State as long as we have ours and he will not have half so much to say about his Americanism nor will he be so ready to uphold that of which he evidently knows little or nothing.

**Mistakes in Dispensing** are by no means rare and the keeping of poisons and toxic drugs is a theme upon which much has been written (*Pharmaceutical Record*), and is a question which is brought continually before the attention of pharmacists and physicians. Much thought has been bestowed upon it, and various methods have been suggested and are in vogue in pharmacies. In fact, every well-regulated pharmacy seeks by rational methods to throw every safeguard around the handling of poisons. Poison closets, red poison labels and various other devices are in use, but all this occasionally proves insufficient, and the substitution of morphine and quinine is as liable to be made as ever. If the number of these mistakes is really as great as has been computed, it is well to draw attention to every device proposed to guard against them. In several pharmacies in Prussia an ingenious arrangement of electric bells warns the dispenser every time he removes a bottle of poison. The wires in this arrangement are connected with the bottom of the bottle in such a way that when the bottle is removed contact is secured and the bell rings an alarm. That this is an ingenious method of directing attention to the dangerous contents of the bottle removed cannot well be denied; but it possesses the objection that should the quinine bottle be placed by mistake in the space reserved for morphine the substitution of the latter for the former would be rendered

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easier than before. To train one's mind to habits of concentration and allow nothing to detract one's attention from the work in hand are perhaps the most reliable safeguards we may employ. It is also well to make it an inflexible rule never to allow any conversation to be held during the dispensing of a poisonous drug; conversation should be suspended from the moment the order is received until the package is tied up and the sale is duly recorded in the poison register, or until the prescription is counterchecked and filed away.

**Professional Success** is discussed in the *Alkaloid* wherein it is stated that success in gaining practice depends upon a great many things in addition to ability and qualifications—so much so that the man who depends entirely upon the public recognition and discovery of his qualifications by the public as well as his brother physicians is liable to get disappointed by their failing to give him due credit.

The fact is, in this day and generation that his measure of success depends almost entirely upon his ability to obtain a hearing both from the public and the profession, and this hearing is to be obtained by very delicate and skillful menoeuvering on his part, not too open nor so concealed as to fall short of its object, and he must appear as a negative factor making no effort. People are averse to being made a catspaw to pull other people's chestnuts out of the fire unless there is an immediate return to them. A doctor must gain the confidence of his friends to an extent of making them active partisans in his behalf upon any and every occasion; and in order to gain active workers he must make it appear to them that he is an extraordinary man, or that he is doing or will do something extraordinary for them.

The old-fashioned idea that merit deserves success and will be accordingly rewarded, is based upon the presumption that people are qualified to recognize merit in a physician, and disposed to help merit gain its reward. This is fallacious except in very extraordinary instances and under very extraordinary circumstances. The fact that a doctor does a big business is evidence to 999 in 1,000 people that he possesses merit, while the fact that a doctor gets no business is sufficient reason in the minds of the people that he possesses no merit.

**Advertising** in the secular press receives notice from Dr. J. H. Calvin (*Lancet-Clinic*), who declares that the press is largely responsible for the lack of needed medical legislation is not to be denied. It has, with but few honorable exceptions, never yet suggested or advocated the passage of a single practical measure in the interests of the profession. On the contrary, the moment any measure designed to correct and prevent the evils of the profession is proposed, the cry comes up from all the corners of the earth that it is class legislation. Ever ready to warn the public of danger so long as their pecuniary interests are not endangered, these class-legislation nimrods are the last to do so when the truth would lessen the income arising from advertising "Manhood and womanhood lost and restored." "Pennyroyal pills," "Woman's best friend," etc. The latter two here named, with others of a like character, are little else than drugs and things intended to destroy the products of conception, and thus remove one of the strongest barriers to immorality and licentiousness in the young and unmarried. The thin guise thrown over many of the articles advertised show them to be of a character to make devils blush with shame. Not a few of the so-called religious papers and pamphlets admit into their columns the most abominable and untruthful assertions as to this or that charlatan or nostrum-vendor. It is rather remarkable that the owners and vendors of these secret remedies and frauds are so anxious to advertise in this class of periodicals, that they will pay thousands of dollars more than can be paid by the best selling legitimate articles for the same privilege. It is delightfully consistent to read in one paragraph of a leading religious periodical an exposition of the "Beatitudes" and in the next paragraph have the miraculous powers of some rejuvenating remedy set forth in such a manner as to indelibly impress on the minds of both youths and maids that there is such a thing as self-abuse, the effects of which are terrible, causing the misery, ruin and death of thousands until the discovery by precocious genius of a remedy which not only removes, but prevents, any injurious effects from indulging in this.

**Mistakes** are made by all and no physician or surgeon can truthfully assert that he never made any. Which leads the *Journal of the American Medical Association* to say: Therapeutical differences of opinion are a part of the individuality of the man. Differences of diagnosis date from the perception and power of reasoning, together with experience, memory and training. Of necessity it will vary widely, especially if any obscurity or complication of symptoms is present. One of the most eminent London physicians had a clinical clerk who recorded all the facts of the case, which were read over at leisure and studied before an opinion or diagnosis would be given.

Physicians should exercise the same caution and care in forming opinions that judges display. Occasions rarely occur in which time cannot be taken to study and consider the meaning of the symptoms. It is no mark of greatness to be able to diagnose the case at once, or in the popular sense see through the case at a glance.

It is no sign of ignorance or incompetency to fail to understand the case. To teach students that positive diagnosis can be made in all cases is an error. The rapid increase of means and appliances for ascertaining facts of disease and diseased conditions require more study and training, and capacity for deductive reasoning. The older physician who makes a diagnosis often by mere intuition, may be quite as accurate as the younger man with a vast array of facts from instruments of precision. In one case we can follow and correct such reasoning, but in the other we cannot. Car-

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lyle said mistakes and errors are inseparable from every human being, irrespective of all conditions. No field of thought requires more accurate perception and critical reasoning than that of medicine. The judge realizes that his opinion and the facts on which it is based will be reviewed by others, and it is a matter of personal pride to be correct. In a higher sense the judgement of the physician should be sustained by the progress and history of the case. A court of last resort will finally pass on his judgement, beyond the selfish levels of pride and personality.

**An International Pharmacopeia** is advocated by the *Therapeutic Gazette*, which says: The approach of the Pan-American Medical Congress, which will meet in Washington in September, 1893, brings forward the very important question as to whether this great gathering of medical men from all portions of the western hemisphere may not be the appropriate time in which to plant the seed which may eventually grow into an International Pharmacopeia for the western world.

The advantages of such a Pharmacopeia are, it seems to us, self-evident. At the present time much variation exists in the strength and dose, and in the methods of preparation, of nearly all drugs which are ordered throughout the civilized world. Not only does this difference exist between the methods used by pharmacists and physicians in various countries, but even in the United States, where, in utter defiance of the rules laid down by the United States Pharmacopeia, physicians prescribe and pharmacists dispense preparations many times stronger or much weaker, than the preparation known under the same name in the United States Pharmacopeia.

The disadvantages of this are self-evident, since a physician who may have received his education, and had most his experience in one city, may remove to another city, and poison his patient from an overdose of a drug, or get no results, because the drug, as usually dispensed in the second city, is far weaker than that which he has been accustomed to use. Thus, it is well known that, in the city of New York, Magendie's solution is still largely dispensed under the name of liquor morphinæ sulphatis, and is sixteen times stronger than the liquor of the Pharmacopeia of 1880, which is commonly dispensed in Pennsylvania according to the formula of that Pharmacopeia.

In the same way, in certain portions of Missouri and other western states, a tincture of gelsemium is largely dispensed, which is nearly twenty times stronger than the tincture of gelsemium employed in the Eastern States; and Norwood's tincture of veratrum viride is largely used in some portions of the country in preference to the veratrum viride recommended by the Pharmacopeia.

These are very serious differences, of which only a few have been mentioned, and show the importance from the point of view of safety of having a Pharmacopeia which will unify differences which exist in this country and in other countries of North and South America.

**Causes** should always be looked for and established. As the Maryland *Medical Journal* says, hand in hand with the discovery of new facts in medicine there should ever go a spirit of questioning in regard to those things which have been popularly accepted as proved. At one extreme of error stands the chronic skeptic, who does not believe what has been sufficiently demonstrated; at the other extreme, the man of credulity, who swallows whole (without tasting or mastication) whatever is alleged to be true. The mean between these is the Scripture rule, "test everything, and when you find it good hold on to it."

One of the most interesting tasks in our most interesting life work is the unraveling of the thread of causation in obscure febrile attacks which affecting a previously healthly person, recur again and again, at short but irregular intervals, soon after the person has changed his abode or boarding place—as when he goes to the mountains or seaside in the summber. The trouble will perhaps be ascribed by the patient to a recrudescence of some "malarial" tendency left in the system from a fit of fever and ague which occurred several years before. The cautious physician will, however, seek for the cause of the attacks "nearer home." The illness will suggest repeated infections from some present source of sepsis. He will perhaps find insanitary conditions of food or drink or housing which will explain the whole trouble. Or he will observe that a change of residence, even to a neighboring house, will be followed by rapid convalescence. On the other hand, a blind acceptance of the "malarial tendency" theory may expose his patient to irremediable injury. While not denying the existence of predisposing conditions of body, the physician should be ever watchful over the immediate causes of disease.

**An Important Question** recently propounded is: Does the blood rotate? The earth is said to be shrinking, but the imagination of certain scientific medical men cannot be withered by age or contracted by the change of years (*Medical Record*). A San Francisco physician who has evidently a fine play of fancy, and a considerable aptitude for mechanics, has put forth the theory that the blood, as it circulates in the arteries, has a rotary motion and a centrifugal force. He thinks he has succeeded in proving that, "just as the earth rotates on its axis while moving through space, so the blood rotates on its axis while moving through the arteries; that this rotary movement of the blood, with its consequent centrifugal power, is absolutely necessary and indispensable to health and life; that with the existing circulatory system none but a rotary moving current is possible."

Now, perhaps the doctor is right in all this, and perhaps he is not. An excellent authority has demonstrated that the penis is rifled and that the urinary

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stream rotates, or would do so, if the bladder were strong and the urethra long enough. If the urine rotates, why not the blood?

We only object to the San Francisco thesis on the ground that the author has done everything but proved it. Now, the proof could not be very difficult, as the poet of the rotary theory admits, and would only have been fair to himself and science to have waited a few days and tested his centrifugal force before enunciating its existence. Arteries have been tapped and the circulation studied from the time of Galen; and if there is really a rotation which has never been observed until the year 1892, in San Francisco, the world would be pleased to know it.

**The Surgeon-General's Definition of "Regularity"** has been oft-quoted of late as follows: The term "regular" as applied to medical instruction has been passed upon by no less an authority than the Surgeon-General of the Army. The Army Regulations contain a paragraph, respecting the qualifications of medical candidates under certain circumstances, in which it is stated that those persons must present proof that they have been graduated by a regular medical college. A member of the Iowa Homeopathic Medical Society addressed an inquiry to the Surgeon-General, asking for a definition of the term regular in that relation. The following answer was given: "The term regular as used in paragraph 1544 of the Arm Regulations is used in its most comprehensive sense as indicating a college well equipped and prepared to cover the whole ground of the science and art of medicine in its teachings, and requires not less than a three years' course of study to secure its diploma."

To our minds this is simply meaningless and is a direct evasion of the subject. He should so define the term as to include all qualified practitioners and say so, or he should plainly state if any particular "schools" are excluded.

**Hereditary Criminals and Insanity** are considered by the Boston *Medical and Surgical Journal*. Maudsley's research in mental physiology and pathology, and Benedict's examinations of the brains of criminals, a score or so of years ago, directed the attention of physicians and social-science associations to a fact long recognized by students of crime, that there is a type of criminals upon whom punishment has no deterrent effect, and from whom society can secure no protection so long as they are alive and at large. They constitute a type which is peculiar to itself, whose antecedents are in crime or disease, and whose children possess the same vices of character-intellect, or whose origin is in a vicious mental organization rendered unstable from congenital or inherited defect or from injury to the brain in early life.

In families where the hereditary type of crime is found, disease and crime, both being chronic and incurable, are often found mentally interchangeable, so that what appears to be vice may be a direct descendant of what is clearly and purely disease or mental defect in parents who may be of even exceptionally high character and standards of living.

**Interviews** are not looked upon with favor by the peripatetic correspondent of the *Hospital Gazette*, who says: Physicians and surgeons who reside in and about Cavendish and Grosvenor Squares let me recommend you to put on your thickest soled boots that you may be well prepared for emergencies. The irrepressible interviewer is on the war path, and he may have the temerity to invade the sacred precincts of your consulting rooms at any moment. He has, I observe from a report in the *Times* recently, carried Sir Richard Quain's and Sir Wm. MacCormac's headquarters by storm, and both surrendered at discretion. They could not have been well booted or the venturesome interviewer would not have waited to take shorthand notes of the conference, but have hurried off to Martindale's Pharmacy, hard by, for a supply of gluteal salve. The interviewer wanted "to know, you know," all about cholera, and what we shall do with a view to prevent an outbreak of the epidemic. One would have thought that a person anxious to obtain information about cholera would have sought it from some parish doctor or dispensary medical officer in the East End of London, instead of going to West End physicians, most of whom have never seen a case, and are not likely to. However, he gained some information of more or less value. For instance, Sir Richard Quain advised the young man if he wished to avoid the dreaded disease not to drink water contaminated with cholera germs or sewage, and he facetiously added that he would recommend him to *boil* his ice before using it! Sir William MacCormac very wisely tried to allay the fears of the interviewer by assuring him that our sanitary arrangements are so perfect that an outbreak of cholera is scarcely possible, and he further said that the great secret of stopping the advance of cholera is to check the premonitory diarrhea, "together with the administration of mineral acids in small doses."

**A Case of Infantile Lactation.**—Dr. J. Hilton Thompson (*Ex.*) reports the following case which is of interest if only on account of its rarity. A healthy, well-developed male child, born at full term, showed about fourteen days after birth well-marked swelling of the mammary glands. The skin over the glands was congested; on pressure a thin, yellowish, milky fluid escaped drop by drop from the nipples. About two days after the condition was noticed a small, badly defined hardness could be felt in the left breast, external to the nipple; moderate pressure caused no pain; the hardness remained for two days gradually becoming less manifest. Lactation ceased in the right breast in five days and in two days afterward in the left. The general condition of the infant appeared to be unaffected.

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**Negative Intra-Uterine Galvanism.**—Severe dysmenorrhea is said to be cured by this method by Dr. Lapthorn Smith, who describes the technique as follows (*Am. Jour. Obstet.*): The treatment by negative galvanism does not require any but the mildest currents, which can barely be felt, but which cause no pain. This is very different from its use in arresting the growth of fibroids, where the result is very much in proportion to the strength of the current and where galvano-punctures are employed by many. On the contrary, this treatment is actually less painful than the mere passing of the sound, as will appear from the following brief description of the method which I employ: After a careful bimanual examination for the purpose of excluding pregnancy and of ascertaining the position and condition of the pelvic organs, the vagina is disinfected by a douche, if this has not already been done at the patient's home. An ordinary Simpson uterine sound of lerge size is then bent to the ascertained curve of the uterine canal, passed through the flame of the spirit lamp, cooled, and insulated with a clean piece of rubber tubing to within two and a half inches of the extremity, or less if we have reason to think that the uterus is un developed. In the handle of the sound a hole has been bored, just large enough to hold the tip of the conducting cord from the negative pole or last zinc of the battery. The sound is then guided into the os uteri on the tip of the finger until it meets with some obstruction, when a current strength of ten milliamperes is turned on. In a minute or two the obstruction will seem to melt away and the sound will glide into the cavity of the uterus. The current is now gradually raised until the patient says she can feel it in the uterus, generally between twenty and fifty milliamperes, being at once lowered on the slightest complaint of pain. At the end of five minutes the current is gradually turned off again, when the sound will be found to drop out of its own accord almost, and very much more easily than it entered. This may complete the seance, or, as an adjuvant and safeguard, a boroglyceride tampon may be inserted. The patient may return home on foot and resume her duties forthwith, as such mild applications do not require any precautions in the way of resting, etc. The positive pole of the battery is attached to the ordinary clay abdominal electrode.

**The Cure of Consumption.**—Dr. Burney Yeo, Professor of Clinical Therapeutics, King's College, London, has great faith in the curability of pulmonary tuberculosis, especially in the early stages of the disease (*Bact. World*). He calls particular attention to the importance of recognizing the disease in the pre tuberculous, or the pre-phthisical stage. The symptoms are sufficiently characteristic to render a diagnosis probably, although not positively certain. With Prof. Grancher, he agrees that in the pre-phthisical stage, the symptoms may be nothing more than a little debility, a slight cough, pneumonia, and a slightly quickened respiration. As the disease advances, physical diagnosis may detect in certain private areas a harsh, low-pitched respiration, especially marked during inspiration, jerky, or interrupted inspiration. These symptoms are especially important when distinctly localized and constant. Early hemorrhage is useful in calling attention to the disease before it has reached an incurable stage. The principles upon which the rational treatment of the disease is based, as laid down by Prof. Yeo, my be summed up as follows:

1. Whatever favors the sclerotic or fibrous evolution of the tubercle promotes the natural condition of cure. The most favorable cases for cure are those in which there is absence of excessive vascular irritability, as shown by flushing on slight provocation and marked vaso motor disturbances.

2. The constitution in general should be sound, and there should be absence of marked hereditary predisposition.

3. In some cases, probably, the infecting agent is less virulent than in others, and doubtless also, the number of invading germs influence the extent of the infection and the probability of the cure.

4. The mode of infection must also be considered; that if the germs have reached the lymphatic channels or the blood, the wide diffusion of the infection makes an unfavorable prognosis imperative. Infection through the air is much more favorable for recovery.

5 The tuberculous patient must be made to digest as much food as possible. To gain flesh is of the greatest importance.

6. A residence in a pure, dry atmosphere, is one of the most favorable conditions for a cure.

The most valuable remedy thus far discovered, and one most widely used at the present time, and in which the greatest confidence is placed, is creosote used by inhalation, and in large doses by the rectum.

**Retrogressive Tendencies in Mulattoes.**—Dr. W. A. Dixon has devoted some attention to the morbid proclivities and retrogressive tendencies in the offspring of mulattoes. He states (*Med. News*) that observations extending over a period of more than thirty years have thoroughly impressed the conviction upon his mind that the offspring of mulattoes are the subjects of constitutional diseases to a greater degree than are those of unmixed blood, and that when confined strictly to their own class they scarcely reach the fourth generation in descent, by reason of disease and sterility.

He states further: I believe that there is not much to be found in current medical writings upon the subject. Our locality is on the border between the slave

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and the free States of fifty years ago and more. It was then, and long before had been, the custom of many wealthy planters, as they advanced to old age, to set free that portion of their estates which bore to them a filial relationship, and establish them in homes in a section of country where they would receive fair treatment, consideration and respect as citizens and members of the community in which they should reside. Such an opportunity was offered to them in our locality, largely populated by Abolitionists and sympathizers with the slave.

Thus, a community as it were of mulattoes, whose parents on the father's side were white men, mostly of great wealth and position, socially and politically, and principally of New England stock, existed near us. The most of these people were complete types of physical perfection, tall, muscular, and perfectly developed. Many of them lived to old age—quite to one hundred years. Their wives were mulattoes. They were proud of their parentage and light color of skin. They made good citizens, and often were prosperous as farmers. Their prosperity and pride almost separated them from their less fortunate brethren of darker color, and their children intermarried, that their color and race might continue.

I can trace some of these families through three or four generations. Those of the first cross were robust; those of the second were paler, more ashlike in complexion, of slender form, plainly bearing many of the characteristics of predisposition or inevitable tendencies to special diseases of the strumous type. The third union resulted in less fertility and greater predisposition to disease.

Now, the children present the scrofulous physiognomy. The fourth union, still less fertile than the others, brings forth a progeny largely suffering from cutaneous affections, ophthalmia, rickets, dropsy of the head, white swelling of the knee joints, morbus coxarius, diseased glands, suppurating sores, until the whole generation is quite extinct. I can scarcely find any of the fourth generation in good health.

These people have had all the advantages that their neighbors enjoyed. They had the best of schools, excellent religious privileges; were normal, upright, and highly respected. They were able to maintain an academy of learning, from which their sons and daughters could go forth amply equipped to struggle in the unequal contest of life. All of these institutions succumbed to the waning constitutional vigor of their off spring.

**Foreign Bodies in the Ear.**—In a paper which recently appeared (*Med. and Surg. Rep.*), Dr. F. C. Heath states that the foreign bodies most likely to be found in the ear are in adults, forgotten masses of cotton and various insects; in children, pebbles, beads; corn, beans, and other articles put in the ear by the little patients themselves or their companions. Such cases are very likely to fall into the hands of the family physician. What is he to do with them? The most useful and effective instruments for the removal of these bodies is the syringe. Warm water should be used, and it should be gently injected. By this simple means the majority of foreign bodies may be quickly and safely removed from the external auditory canal. An effort should be made to direct the water to one side of the object that we may get on its return a *vis a tergo*. Otherwise the force of the water may carry the body father into the canal. This danger is still greater in case of objects so large as to fill the lumen of the meatus. Straightening the canal by pulling the auricle a little upward, outward and backward will facilitate matters. Beans, corn and other articles likely to swell from contact with water should either be removed altogether with instruments (hooks, scoops, and forceps), or, if the syringe is used without success, there should be no delay in resorting to instruments. Insects may often be killed by solutions of chlorinated soda or chloroform previous to removal with syringe, if the hook-like appendages of larvæ becomes so attached to the tissues that syringing fails they may be picked out with forceps. While foreign bodies may cause trouble by exciting pain or inflammation, this is far less common and less serious than that produced by injudicious and unsuccessful efforts at removal. Destruction of the drum membrane, injury to the ossicles, loss of hearing, facial paralysis, and even death resulted in these cases. It behooves the surgeon, therefore, to see what he is doing and proceed with care. The canal must be well illuminated and instruments manipulated in such a way that objects may not be pushed, or allowed to slip further in. If unable to come up to these requirements and where the syringe fails, the good of the patient as well as the reputation of the physician and of the general profession require the transfer of the the case to more competent hands.

Accumulations of hardened wax may be removed usually according to the rules already laid down, but some cases will require the previous use of an alkaline solution or other means for softening the mass.

**Gunshot Wounds of the Brain.**—Dr. C. E. Ruth, after making a number of experiments (*Jour. Am. Med. Ass'n*), concludes:

1. That a ball can be followed in its course through the brain.

2. Having been followed to its point of impact on the opposite side of the skull, a trephine disc should be removed, drainage be established and the ball removed if possible.

3. That the probe is best which gives the greatest resistance to penetration with least possible lateral friction on its shaft by the collapsed canal.

4. That hemispherical front, porcelain tip, and aluminum shaft answers the indications for lead detection (resistance if of proper size, etc.), required in a probe, better than anything else.

5. That one intending to follow balls through the

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brain should thoroughly familiarize himself with the resistance the normal brain offers to penetration by the probes he expects to use, that he may know when he is applying force within safe limits.

6. That he should frequently grasp and remove balls and pieces of a bone with the forceps of his choice on the cadaver, before attempting it on the living human subject.

**Insanity following Gynecological Operations.**—In concluding a paper on this subject (*Med. Age*) Dr. J. M. Baldy states that as a matter of fact this whole subject remains obscure, but there are certain definite conclusions at which we can arrive, and on which future observations can be based.

1. Cases of serious mental derangement may occur after operations on patients without any previous personal or family histories of insanity.

2. Mental disorders are no more likely to follow operatians on the sexual organs than on any other part of the body.

3. Such disorders occur just as frequently in men as in women.

4. Operations are at times the determining cause of mental derangements where there was no previous tendency to the disease.

5. Mental disturbances occurring a considerable time (months) after an operation are most probably independent of the surgical procedure.

6. The development of psychoses may follow in those cases in which the convalescence from the operation has been perfect.

7. The existence of a predisposition to psychoses should stay the surgeon's hand, except in such cases as are urgent and necessary.

8. Mental derangements follow operative procedures with more frequency than is generally supposed.

**Duration of Gestation.**—The relation of the duration of gestation to legitimate birth has been the subject of a paper by Dr. T. Ridgway Barker, (*Am. Gyn. Jour.*).

The author, in discussing this subject, called the attention of the profession to the unjust censure which was heaped upon mother and child by the public, owing to the prevalent idea among the laity that the duration of gestation was a fixed term limited to nine calender months. Should the unfortunate young bride be delivered of a mature infant in some 255 days after the disappearance of her last sickness, society, and even the court, if misinformed by ignorant "expert" testimony, might readily bring in a verdict of unchastity and moral illegitimacy without the slightest warrant.

In the report submitted of forty-two cases of gestation marked by unusual brevity or undue length, the question of legitimacy did not enter, as they were all married females in good standing.

Since conception was not coincident with insemination, the writer stated that there must always be an element of uncertainty in calculating the date of confinement. Loewenhardt's observations were cited as going to prove that, though impregnation followed a single coitus in two females the same number of days after menstruation, yet there existed no absolute correspondence as to the date of their confinement.

The variability in the duration of gestation, it was shown, was not due solely to the difference in the time of conception, but in great measure depended upon the rapidity of embryonic growth. This fact could not be doubted when one continually met with women who had been delivered of mature infants after carrying them for only 242 days, while another's term had consumed some 323 days.

**Diseases Peculiar to Right Iliac Fossa.**—In a lengthy paper on this subject Dr. R. Harvey Reed speaks of the relief of these troubles by surgical interference (*Am. Gyn. Jour.*) and concludes by laying down the following rules:

1. Never adopt the rule of making operative interference the last resort in the treatment of disease peculiar to the right iliac fossa.

2. The only genuine safety for a patient with a diseased vermiform appendix is to have it placed in a bottle of alcohol for the adornment of some surgeon's pathological museum.

3. Early operation in diseases of the vermiform appendix is the only safeguard against recurrent attacks of inflammation, perforation, suppuration and death.

4. Never wait for suppuration in attacks of acute appendicitis. Such practice is just as sensible as it is to wait for stercoraceous vomiting and gangrene of the bowel before operating in strangulated hernia; for, like in strangulated hernia, procrastination is the thief that has stolen thousands of patients from the physician and surgeon and given them to the undertaker.

**Bandage after Cataract Operations.**—Dr. A. W. Calhoun still favors the old method. He says (*Va. Med. Mo.*): A great deal has been said in regard to the bandage used after operating. Shall the patient sit up with the unoperated eye uncovered? The old method has proven a satisfactory one, and while it keeps the patient in bed a little longer, that weighs nothing in the balance when you consider the fact that under any other treatment you are apt to have accidents. The plan is advocated of simply putting an adhesive plaster across the closed lids; but the safest plan is to take a piece of absorbent cotton, moisten it with white vaseline, and fill out the cavity of the orbit above the closed lid, and use the flannel roller bandage, an inch and a half wide, put on in the figure of-eight position. You can put that on lightly so as to exercise no pressure upon the eye-balls, and the patient can move his head about on the pillow. I would advise those of you who have not had much experience, to see your patient twice a day. Take off the bandage, and with bichloride of mercury bathe the lid on the outside, but do not open

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the lids unless there is decided inflammation. I keep up that process of twice a day dressing the eye for four or five days, and then lengthen the interval. After the patient has been in bed four to six days I turn one eye loose and keep the other bound until it is ready to be turned loose permanently. That is my mode of after-treatment, so far as the bandage is concerned.

**Calomel in Hemorrhoids.**—For a number of years Dr. J. B. James, of London, has treated hemorrhoids by the simple process of applying calomel to them with the finger (*Nat. Durg.*), and claims to have done so with marked success in every case, particularly when the hemorrhoidal mass was inflamed, which is characterized by mucous discharge and hemorrhage, accompanied with a painful sensation of weight in the region of the rectum. All these symptoms, it is alleged, were speedily relieved by the simple application of the calomel, which had the still more important subsequent advantage of restoring the patient to perfect ease, enabling him to pursue his usual occupations in happy immunity from all distressing or annoying symptoms.

**To Remove Foreign Bodies from the Throat.**—Dr. Beveridge, of the British navy, says (*Meyer Bros' Drug.*) that for the removal of foreign bodies in the throat, such as pieces of meat, etc., a simple mode of relief is to blow forcibly in the ear. This excites powerful reflex action, during which the foreign body is expelled from the trachea. The plan is not a new one, but it is easy of execution and should be remembered.

**Hemophilia.**—Dr. T. L. Watkins contributes a study of the pathology and treatment of hemophilia to the New York *Medical Journal*. He found that the administration of salts of lime in such cases was followed by the happiest results when used in addition to the ordinary remedies recommended for hemophilia. He says: These facts with others of equal importance which I have no room to bring in here, naturally lead to the formulation of the following laws:

1. In all diseases and conditions in which there is a deficiency of alkaline inorganic salts, especially those of lime, there results a hemorrhagic tendency, with slow or imperfect coagulation.

2. The reverse of this is also true—that in those conditions in which there is a hemorrhagic tendency with slow, imperfect coagulation, there is a deficiency of those salts.

3. Where we have an increase of these salts we have rapid coagulation and tendency to formation of thrombi and easily controlled hemorrhage. All this is true except as regards salts of ammonium, which, if present, in the blood, as in ammonemia, produce a hemorrhagic tendency with imperfect coagulation, by retarding, if not preventing, the formation of fibrin which it holds in solution.

## The Iams Case.

Editor MEDICAL REVIEW.—Your editorial, and comments from other journals on the so-said brutality extended to private Iams July 23, has surprised me very much. I have been reading our daily papers on the subject, and have been so indignant at their statement of affairs that I do not believe they can tell the truth about anything; they are working for the money there is in it, and there is so much more sensation in things if they are made to appear against law and humanity, and especially if one who is trying to preserve peace does, to our untrained military mind, something a little out of the natural routine of life, they cry him down, publish a false story and never but the wrong side. Now, I saw Iams, he is a big raw-boned foreigner, a striker, and has always been an undisciplined youth; it was nothing less than anarchy for him to cry out as he did, and I firmly believe that the press of our country are to blame almost entirely for the present condition of affairs. Is it not coming that a man will not dare to say what he thinks, to own what he will, to do what he pleases with his money, to have as much money as he can get so long as he acts within the bounds of law and humanity? Is it not so already? Who can say that H. C. Frick ever got his money unlawfully?

As a truth that man Iams only hung up by the thumbs about 15 minutes, he did not hang with his whole weight for his heels were hardly off the floor, and all that made him sick was that he took a chew of tobacco and swallowed the juice which caused all the faintness. Now, if our medical journals, along with the daily press are going to join with these strikers and anarchists foreigners, who can expect our glorious country to flourish? our stars and stripes to fly in the air? If our educated men will allow their false sense of humanity to run away with their better judgment, their sense of what is right toward our country, what can we expect from the ignorant foreigner who comes to our shores? If our medical journals are to come out against our brother practitioners when doing their duty who will go to the front when such nefarious business is going on in the center of civilization as was at Homestead when the Guards were called out? Are we to be a bed of anarchists, a home for nihilists, and a breeding place for law-breakers? No, a thousand times no! Let us be a nation of one thought, one purpose, and that of right and for the best good to most people, all law-abiding citizens. To do this the profession should uphold law and nature, should be foremost in all good and honorable works; and the medical profession and their pub-

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lications first of all, for they come into every house, unto the rich and the poor, and they have a chance to put in a word which may do any amount of good or bad just as it is uttered.

I am not an alarmist, but I am an American citizen, I love my country and will fight for it as long as I live; I am not a member of the National Guard, but I know that if that man Iams had been in the regular army he would have met with much harder treatment, which would have been nothing more than right.

I am only a young man in the profession, but I have as kind a disposition as any one. I do not like to see anyone hurt, but when a man deserves punishment I believe in having him punished. I would like to see the time when the press could say what they thought, and when they knew the truth to print it, and if they knew nothing say nothing about the case.

Woodville, Pa. L. V. GROVE, M.D.

## Death of Fetus by Strangulation of Funis.

Editor MEDICAL REVIEW.—Mrs. C. E., æt. 22, married four years, has had four miscarriages up to December, 1891, about which time she conceived for the fifth time, soon after which she placed herself under my care. At about the time of quickening she had some threatenings, slight hemorrhage, pains, etc., all passed off, however, and everything went well until August 12, 1892, when I was called. The patient stated that there was a discharge from the vagina of a yellow-colored fluid, also that she was having some pains; she stated in answer to inquiry that she had not felt any movements of the child in utero since the 9th. At about 9 o'clock in the evening Aug. 12, she was delivered of a female child, well developed, and from all appearance not more than two weeks premature, and had evidently been dead since the 9th of the month. When the child was born we found the umbilical cord once around one ankle and twice around one wrist and forearm sufficiently tight to make and leave deep indentations or grooves in the integuments. I am satisfied that the death of the child was caused by strangulation of the cord; the mother was well, the child well nourished and developed, and no cause for death other than stated could be by me discovered. The mother is doing well at this date. In a practice of 35 years I have witnessed the birth of children wrapped and tangled in the cord in almost every conceivable manner, but this is the first one that I have ever known destroyed by strangulation of cord previous to labor, hence this report.

Carrizo Springs, Tex. M. W. C. FRAZIER, M.D.

## Notes from the Clinique of the St. Mark's Hospital, Venice, Ill.

Editor MEDICAL REVIEW.—

CASE I.—Edward McElhaney, switchman. The left arm was caught between the "dead-wood" of two cars, resulting in a compound comminuted fracture of the radius and ulna, and laceration of the muscles of the forearm from the elbow to the fingers. Extensive sloughing ensued, and recovery was entirely by granulation. Treatment: The wound was cleansed twice a week with a mixture of Chloro-Phenique and water in equal parts, the same being applied with an atomizer in the form of spray. By this means the charpie, lint, etc., used as dressings are readily saturated and are easily detached from the injured surfaces. Dressing was made with Campho-Phenique and olive (salad) oil in equal parts every third day. Granulation set up at once and progressed rapidly and steadily, to complete recovery. The results attained in this case were surprising, not only from the amount of muscular tissue reproduced and the rapidity of its reproduction, but the absence of all untoward phenomena, pain included, from the very first.

CASE II.—Joel Thompsom, employe of the Madison Car Company. The thumb of the left hand was crushed in the course of his duties, necessitating amputation at the first metacarpal joint. Dressing was made with Campho-Phenique and olive oil in equal parts. Dressing was removed on the fourth day, pulverization of Chloro-Phenique and water being used as before to soften the dressings. The wound was found to be healing by first intention. The sutures were removed, the surface cleansed with Chloro-Phenique and the dressing of Campho-Phenique and oil repeated. When the dressing was removed a few days later cicatrization was found to be complete and the patient was discharged. The dressings in this case were, I would remark, renewed daily by simple application of Campho Phenique and oil to the outside, and allowing the same to be absorbed by the bandage and lint.

CASE III.—John Fox, mechanic. Left hand injured between drum-heads. Amputated index and middle fingers through the metacarpal bones and the ring-finger at the knuckle. Used the same methods as in foregoing cases. Recovery in three weeks without an untoward symptom.

CASE IV.—R. Resse. Left hand was sawed off through metacarpal bones. Amputated further back. Same treatment as above. Healed by first intention; recovery as above.

CASE V.—Wm. Webb, emyloye of the Pope Glucose Company fell into a spiral conveyor and the muscles and the cuticle of the left leg and hip were badly injured before he was rescued. After cleansing the wounds from foreign matter (in this case animal charcoal), I applied Campho-Phenique and olive oil to the entire surface and covered the latter with dressings of lint which I directed to be wet with the Campho-Phenique mixture once a day. Instead of doing this the attendants removed the dressings every hour or two, saturated them with the mixture and then replaced them. Thi procedure was kept up for about three days without my knowledge. When I learned of it I naturally expected immediate evidences of phenol intoxication, but none appeared and the patient made a happy and rapid recovery.

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Case VI.—Virginia J.; ovarian tumor of left side. Operation. I applied Campho Phenique to the pedicle, after cleansing cavity with Chloro Phenique and water. Closed the wound and applied Campho-Phenique dressings. Recovery rapid and without any untoward symptoms.

Case VII.—John Beckman; gluteal abscess. After aspirating, washed the cavity with pure Campho-Phenique. Only one treatment was necessary. There was no return of the trouble.

To cite no more cases (and I could cite many more), I will say that the above illustrates the routine treatment in surgical procedure for the past two years, or ever since these two most valuable substances (Campho-Phenique and Chloro-Phenique) have been brought to my knowledge. It will say further that in all of my practice, amounting to many hundreds of cases yearly, and with the freest use of Campho-Phenique in all of them, I have yet to see the first symptom of carbolic acid intoxication resulting therefrom.

W. H. Grayson, M.D.,

Surgeon to the Chicago and Alton R. R., the Madison Car Company, Pope Glucose Co., Standard Cooperage Co., etc., Venice and Madison, Ill.

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**Case of Congenital Erysipelas.**—Dr. E. Vialle reports the following case (*Merck's Bull.*): An infant, four hours old, had an erysipelas of the scrotum, thigh, abdomen, and cheek, with marginal swelling and pain on pressure. It was not the ordinary erysipelas of the newly born, having had, for its point of departure, the umbilicus. The mother had had no sickness during her pregnancy, she had shown no signs of erysipelas and had not had leucorrhea or any other discharges. The disease healed in a few days, with desquamation. The infant had therefore been attacked by the disease in its mother's womb, probably a few days before birth; for erysipelas, even in a new-born babe, could not spread over so much space in four hours' time. It was affirmed that the child had this erysipelas already at the very moment of its birth. In this case, the author asks himself: "What becomes of the microbic theory of erysipelas?" The disease did not exist in any of the persons around the mother. The woman had had no vaginitis; it is, therefore, not owing to the passage of the child through the vagina that the microbe was able to introduce itself and develop instantaneously. If there is a medium essentially aseptic, it is certainly that in which a child finds itself before birth;—the membranes bursting only about half an hour before the expulsion of the fetus. And yet, according to this case, "it is incontestable that erysipelas may develop in infants before birth, and aside from all contamination by the mother or by the outer air." Then, once more, says the author, "What becomes, in this case, of the microbic thery of erysipelas, accepted to day by all?"

**Organic Oxidations in Tissues.**—M. Jaquet, of Bale, recently reported to the Society of Biology, of Paris, the results of a series of researches upon the mechanism of oxidation in the body, which he believes establish the following propositions (*Bact. World*):

1. That the blood alone does not possess the power of oxidation.

2. That the tissues, or an extract of the tissues, possess active oxidizing powers in the presence of atmospheric oxygen.

3. That this oxidizing property is destroyed by boiling.

In the presence of these facts, one is brought to the conclusion that the principal active cause of the oxidations in the living organism is a soluble ferment or diastaste. This ferment plays, in organic oxidations, the same role as heat in ordinary combustions. Its action cannot be distinguished from other catalytic processes, for it acts only in breaking up the molecular union of the atoms of carbon and hydrogen.

**Flagella of the Blood.**—The Paris Academy of Medicine as well as the Society of Biology has discussed the question (*Merck's Bull.*) of the flagella of the blood and of the flagellate bodies, indicated by Dr. Laveran as the infecting agents of paludism. Dr. A. Treille has observed these bodies in the urine of a patient with stubborn renal hematuria. According to his idea, the flagella and the flagellate bodies are not hematozoa, but actual elements of the blood; and he thus explains how it is possible to meet with them in the blood of persons suffering with "la grippe," typhus, anemia, etc. The "heads" of the flagella are small, mobile, globules or microcytes, which carry with them the filaments produced by the disintegration of the nuclei of the leucocytes: and the flagellate bodies are but globules of the blood, to which adhere some flagella, which in turn break away from them at certain periods. They are, therefore, but pseudo-parasites of the blood and not protozoa; they can neither be isolated nor cultivated, and have, therefore, no pathogenic value. Dr. Laveran declares, on the contrary, that he has never met with these elements but in cases of intermittent fevers, and that he considers them as being the infecting agents. But he has never thought that these elements alone played the part of infection. According to him, it is necessary that their existence coincide with that of the spherical and crescent shaped bodies, described by him, and that the flagella of Dr. Treille are pseudo-flagella, of no consequence. But Dr. Treille, on the other hand, declares

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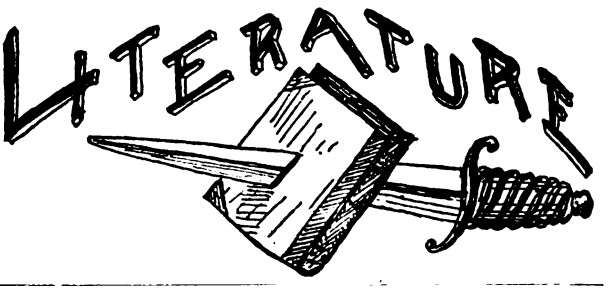
that he has just detected the presence of the crescent shaped bodies in the urine of a hematuric patient.

**Adenoma of the Breast in Childhood.**—Mr. R. Glasgow Patteson showed the Royal Academy of Medicine in Ireland (Dublin *Jour. Med. Sc.*) two specimens, with microscopic sections, of this uncommon affection. The first was obtained from a child, aged thirteen, who was under the care of his colleague, Mr. M'Ardle, to whom he was indebted for kindly placing it at his disposal. Twelve months previously she had met with an injury to the left breast, and from this date the tumor had been slowly growing. It was absolutely painless and was freely movable. It lay immediately beneath the breast, which showed signs of commencing development. On removal it measured 28 mm. by 17 mm., its greatest thickness being 9 mm. Microscopically it proved to be a typical fibro-adenoma, the stroma composed of dense fibrous tissue sparsely cellular, arranged in wavy parallel bundles, among which lay numerous acini lined with a columnar or cubical (in parts compound) epithelium. In many of the acini dilation had occurred, and active epithelial proliferation was filling up the widened lumen with papillary ingrowths. The second case was that of a child, aged twenty years and nine months, in whom the growth had only existed for three months. It presented very similar clinical features to the other case differing only in respect of size—it was as large as a small fig, and somewhat similar in shape—and in its extreme sensibility, so that the rubbing of the clothes even caused pain. There was no trace of mammary development. On removal it presented a peculiar greyish white, in parts semi-translucent appearance when cut, and exuded a clear mucinoid fluid. Microscopically it presented identical features except impressing a less dense intra-acinous stroma, and in showing more cellular infiltration in the neighborhood of the acini. It measured, when fresh, 35 mm. by 27 mm., and 14 mm. in its thickest part.

M. Patteson analyzed the recorded cases of adenomatous tumors and found that no instance under the age of fifteen could be discovered. One case, which was doubtful, placed the commencement of the growth in the fourteenth year. He referred to the occurrence of a "glandular tumor" in one of these cases, in which there was no trace of the normal mammary development, and argued that such cases must be due to a similar cause to that of those growths which occurred in extreme old age—as late as eighty-five (Velpeau)—long after all the normal glandular tissue had undergone natural fibrous atrophy. To this common origin Birch-Hirschfeld had given expression in regarding them as the outcome of "embryonic rudiments," and we must either accept this solution of the difficulty or be content to leave the question wrapped in pathological darkness.




**Book on the Physician Himself and Things That Concern His Reputation and Success.** By D. W. CATHELL, M.D. 8vo., pp. 343. Tenth Edition. Carefully Revised and Greatly Enlarged. (Author's Final Revision). [Philadelphia and London: The F. A. Davis Co. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, $2.00 net.

That "nothing succeeds like success" is an adage whose truth has long since been established. We are tempted to this remark by receiving the tenth edition of the Physician Himself. We remember when the first edition appeared and its success was phenomenal. It has not lost any of its popularity with the profession since that time and this is scarcely to be wondered at when we consider that it is not only pleasantly written and interesting, but contains all those little bits of information which are not taught in colleges nor thought of by preceptors. The author has had the rare ability of covering nearly every point which is apt to arise in a physician's career and his advice is always full of sense and thought.

Whilst designed for the young practioner who is about to launch upon an uncertain career, it can be profitably consulted by the "grey beards" as well. It is a work which does not deal solely with the social, personal, and professional aspects of the practice of medicine, but with the financial side as well. Here it is that we fear the book will prove of the least value. It is notorious that physicians, as a rule, are bad business men and no amount of precept, preaching, or example can ever convert a careless man into a good business man. Looking at doctors in general, we might paraphrase Horace's line and say that a business man is born not made.

We can heartily commend the work before us to every physician present, past, and future. He who needs the advice will find it good and he who does not need it will find it true and interesting. We could make no better suggestion to our medical colleges than to present a copy of this work to every young man who graduates. A diploma and the Physician Himself would equip each one; and a careful study of the latter would make him a more efficient soldier in his battle with disease.

**NOW** is the time to subscribe for the WEEKLY MEDICAL REVIEW

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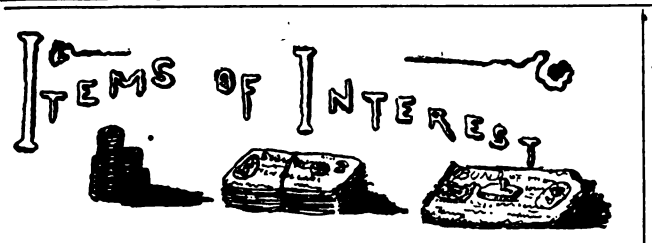


**Mr. Passmore Edwards** has built and endowed a Convalescent Home for Cornwall, and it was opened and formally handed over to the Governors of the Royal Cornwall Infirmary.

**New York Druggists** are said to be receiving prescriptions calling for "sulphate of cinchona fort.," which is translated as sulphate of quinine. The patient who objects to quinine is made to take it by this scheme.

**The Chicago Medical Recorder,** edited by Dr. Archibald Church, and previously published by W. T. Keener, of Chicago, is now being published by that well-known house, the M. H. Kaufman Medical Pub lishing Company.

**Quite Commendable.**—Dr. H. C. Crowell, in an article read before the Grand River Medical Society, and published in the *Index*, says: "A reputable specialist can and will do nothing to in any way weaken the standing of the general practitioner with his patrons."

**Mr. Conan Doyle,** the novelist, is a doctor of medicine, and was for a number of years ship's surgeon on British vessels. He has dropped his title since retiring from practice. It is a pity that he changed his profession, for good ship's surgeons are more needed, as well as more rare, than good novelists.

**A Quack** who practices in Lurgan, in the north of Ireland, was recently committed for trial for manslaughter for killing a builder who was suffering from erysipelas. He removed the dressings which the doctor had applied, and proceeded to mutter incantations and use charms, which were in progress when the man died.

**Brief** was the doctors' trust in a certain Wisconsin locality. The disciples of Esculapius formed a compact to charge certain fees, but after the grangers of the vicinity had signed an agreement not to hire any member of the trust, there was weakening among the members, and the life of the combine quickly flickered out.

**An English Medical Cotemporary** wants to know why glanders is not scheduled as a notifiable disease. Why, indeed? and also, Why not gonorrhea, syphilis, itch, granular conjunctivitis, etc. Is there no hobby-hunter in the new Parliament to amend the Notification Bill in this sense. Tuberculosis might very properly be included also.

**About the Biggest Fraud** in this country is the physician who takes the contract to practice for a corporation for less money than he charges the poor people of his community.

**A Case of Death by Chloroform** is reported from Dubuque, Iowa. Mrs. J. C. Fitzpatrick, aged 24, was anesthetized for the purpose of having painless extraction of teeth. Dr. Guilbert gave the A. C. E. mixture and after ten teeth had been extracted death supervened. The mixture had not been administered for some time before death ensued.

**Emigration This Summer.**—It is reported from Germany that the emigration, principally to the United States, will be very large this summer from different parts of Russia, from northern Germany, and especially from Poland. That the Russian authorities are not sorry to lose their subjects is evident from the fact that those who return are very harshly treated, are often sent to Siberia or drafted into the army. In the meantime they come to this country in droves and bring with them typhus, small-pox, and other infectious diseases. We may expect cholera now, unless very strict quarantine measures are adopted and enforced.

**A Kleptomaniac.**—According to the *Edinburgh Scotchman*, a dentist of independent means was prosecuted recently by a Scotch railway company for taking some forks and spoons from a luncheon basket which he found standing at night on the platform. When arrested, he offered the officers money and begged them to let him go, saying that he was ruined. At the trial medical testimony was introduced to establish these propositions: That "the accused is of eccentric habits, and suffers from sleeplessness, while two years ago he had a paralytic stroke; and his mother died of apoplexy." The summons was dismissed after payment of costs by the accused man.

**Hot Springs Liars.**—This genus seems to be *sui generis*, at least we are led to form this judgment from what the Hot Springs *Medical Journal* publishes. It says: The *Journal* wages no war with the profession of Hot Springs. There are here, just as in other towns, men who are unscrupulous as to methods pursued for gain; perhaps they are in the majority, for there are many here who will tell a hotel drummer that if he will bring them patients (no matter who they may be directed to), they will give him one-half or two-thirds of the fees charged, according to his reputation as a steerer. There are doctors who will discountenance these disreputable liars (for they will lie); but they will tell hotel proprietors that they will give so much (say $5 or $10) for every patient who comes to them with a note from the hotel proprietor. There are doctors here, just as elsewhere, who will give the bell boy a $10 bill to get changed in order to give that boy a dollar for his trouble. All this comes under the head of drumming in the profession.

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**The Last Week** in September has now been definitely fixed upon as the date for holding the International Congress next year at Rome.

**Dr. Wilson Hobbs,** died of cerebral hemorrhage. He was born at Salem Ind., August 21, 1823, and died at Knightstown, Ind., July 24, 1892. His first attack was four years ago. Since that time his practice has been limited to consultations and office work.

**Dr. James C. Green,** a physician of Arlington, Ind., died July 16th. On June 28, he was a delegate to the Republican State convention at Fort Wayne, and while in a big crowd was jammed against a door-knob, injuring his side so badly as to cause an injury that has since resulted in his death. He was thirty-eight years old, and a son of Dr. J. W. Green, of Selbyville, Ind.

**Small-Pox in New York.**—The Health Department has arranged for a thorough inspection of the tenement house districts, for the purpose of finding cases of small-pox and taking the necessary precautions for preventing further spread of the disease. The infected district is not large; a systematic and careful investigation should, therefore, result in the detection of all the persons already affected.

**Dr. W. T. Crew,** of Nottingham, committed suicide on the 5th inst., in a carriage on the London, Chatham, and Dover Railway, near Chatham, by shooting himself with a revolver. At the inquest, the evidence of his brothers, Mr. Edwin Crew, of Macclesfield, and of Mr. Robert Brown, editor and proprietor of the *Macclesfield Courier*, went to show that the deceased had no financial trouble, but that he had been working too hard.

**Dr. Wm. H. Sylvester** has been appointed Superintendent of the Insane Department of the city of Brooklyn, which includes the asylums at Flatbush and St. Johnland. He is a graduate of Dartmouth Medical College, Class of 1878, and has had a large experience in the treatment of insanity in the Butler Asylum at Providence, R. I., the New York City Asylum on Blackwell's Island, the Worchester Hospital, the Willard State Hospital at Seneca Lake, and the Vermont State Asylum.

**The Chronic Croaker** is always heard ridiculing the efforts of associations. "What is the use of meeting and resolving? It don't to anything." If resolutions don't amount to anything what does? How is the sentiment of any body of persons to be determined except through an expression of opinion by the adoption or rejection of a resolution? The introduction of a resolution crystallizes the sentiment at once. Much valuable time is wasted in meetings of pharmaceutical associations because of the absence of resolutions to speak to in discussing important questions, which should be settled one way or the other.

**A Bunion Plaster** is reported in the *Lancet* by Dr. A. S. Myrtle to have caused angeioleucitis and death from infection by micro-organisms.

**False Pretenses.**—Within the present year, the wife of a prominent New York official who gets ten thousand a year salary, appeared at one of our public institutions, where the poor, and the poor only, are given medical care with her child for whom she sought gratuitous advice (*Post-Graduate*). The applicant answered the usual questions, which are carefully asked, as to her husband's income and occupation, before she obtained a ticket. Of course the questions were not honestly answered. It was only because the attending surgeon of the out-door department found the case a serious one, requiring hospital care, that the mother being frightened, confessed that she was able to pay if attention could be given at her home.

**Hospital Monday.**—It looks as if every day in the week, on one ground or the another, would soon become sacred to hospitals, says a London exchange. Mr. Edward White, in the *City Press* gravely proposes that a "Hospital Monday Fund" be established with a Metropolitan Hospital Aid League without interfering with either Hospital Sunday or Hospital Saturday. It is really difficult to believe that such a proposition can be meant seriously. It is time to say that this belief in "days" has been carried far enough and what is wanted is a deeper conviction of obligation on the part of both rich and poor to our hospitals. If Mr. White will persuade—and few men are more likely to do so—both rich and poor to crowd the churches and chapels and other meeting places of the various religious bodies on Hospital Sunday he will do more to help the hospitals than by the multiplication of hospital days.

**Similia Similibus.**—This was once the portal announcement of those charlatans who wished to differ from their colleagues in verbal sounds and incantations of like curing like in infinitesimal doses. Lansdell tells us this treatment is better and more faithfully carried out among the Kara-Kirgisen. If a native be affected with the icterus the medicine-man orders a gold rod to be held over the brow for 24 hours; if one faint (Highland disease) he is rapidly ushered into the presence of a young female, who makes use of unbecoming language as an abuse of chastity; if lung or liver disease is the complaint, animals of similar character must be eaten; diseases of the eyelid must be rubbed with the roasted eye of an ox; in a severe confinement, if the wise midwife is long detained, a powerful man is sought out, and the woman firmly compressed in the arms, which if unsuccessful, the patient is next placed on horseback and sharply galloped round the place; and if these measures fail the devil is invoked, the woman taken before a marquee and held fast, while a troop of mounted knights appear with whips or "Nagaikas," yelling wildly, and scourge her well. *Similia Similibus.*

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**The Southern Journal of Homeopathy** has changed editors, Dr. C. E. Fisher retiring in favor of Dr. Eldridge C. Price.

**The Homeopaths** of this country are now said to number over 10,000. These have eighteen colleges and thirty journals, which is quite modest when we take into consideration the pretensions they make.

**Instruction in Orificial Surgery.**—The sixth annual class for private instruction in orificial surgery will be held in the amphitheater of the Chicago Homeopathic Medical College, corner Wood and York Streets, during the week beginning September 12. For particulars address E. H. Pratt, M.D., Room 56, Central Music Hall, Chicago.

**The Rhode Island Medical Society** held its regular quarterly meeting at Newport, September 1, last. Several interesting papers were read and it was announced that, according to recent amendment of by-laws, the examination of Candidates for fellowship, for 1893, will occur in January instead of April, and the last opportunity to submit applications to Board of Censors will be at the December meeting.

**The Memphis Hospital Medical College Building** is being entirely rebuilt. Adjoining property has bought up, and the new building will be just double the frontage and capacity of the old one. Work is progressing favorably, and long ere the opening, on October 24, the two amphitheaters, with a capacity for 400 students each, will be ready for occupancy. The dissecting rooms will be enlarged, and remodeled and lighted by electricity.

**The Death of Dr. Thomas Goodrich,** of Gravesend, Long Island, took place on July 27th. He was a highly qualified English physician, having been born in London in 1838 He was for many years a practitioner at Fulham and was a medical officer of its southern district, surgeon of the Second Regiment of City of London volunteers and of the Royal Humane Society, also visiting surgeon to the Abbey Wood Dispensary. He came to this country in 1885.

**Cholera** is steadily increasing its territory in Europe. The latest telegraphic advices inform us that Hamburg is the seat of a well-developed and active epidemic, which is terribly fatal. Havre is almost as badly infected and the German and French capitals are having a large daily mortality from the dread disease. Cholera has appeared in London and the quarantine measures adopted in this country are of the most stringent kind. There is no doubt that Russian exiles as well as immigrants have been the disseminators of the scourge. It looks very much now, as if our country would have a light epidemic of cholera, along the lines of travel, next year.

**Professor Alfred Graefe,** cousin to the late Albrecht v. Graefe, and himself an oculist of distinction, received an ovation last week on the occasion of his retiring from his Professorship in the University of Halle. A banquet was given in his honor, and professors and students were one in their warm appreciation of his labors as a teacher and as an operator during the years of his work in Halle.

**Father Mollinger's Remedies.**—Since the death of Father Mollinger the shrine on Troy Hill has been closed and the good Saint Anthony is enjoying a a holiday from the miracle business (Pittsburg *Med. Rev.*) but the profits arising from the trade were too large to be given up without effort, and we have the druggist who prepared the priest's prescriptions advertising "Father Mollinger's Remedies" for the cure of cancer, consumption, rheumatism, etc. But it seems that he is not to have this lucrative field without rivalry, for the private secretary of the deceased clergyman is announcing "The Only True Remedies of Father Mollinger," and claiming that his official position gives assurance of the genuineness of his preparations. These remedies, it seems, are the stock prescriptions which the reverend Father was wont to give with his blessing, and it may be assumed that he apportioned them according to what ability he possessed as a medical man. Now they are to be used for self treatment by the people at large. Truly "The evil that men do lives after them, the good is oft interred in their bones."

**Punishing Adulterators.**—How they treated those convicted of this crime in olden times: The *Muenchener Neueste Nachrichten* says (*Ex.*): Our jolly adulterators of food and drink have cause to congratulate themselves that the "good old times" are past, and that their little jokes in this line are no longer looked upon in so tragic a fashion as whilom in the good town of Nuremberg. In the "Annals of the City of Nuremberg" of Counsellor Balthasar Muellner, which are kept in the archives of the ancient burgh, among other very interesting documents there are certain notices of the laws for punishment of adulterators of food, whose Draconic terrors far overstep, in blood thirsty penalties, the sanguinary code of Kaiser Karl V. In the year 1456, Hans Koelbel, a citizen of Nuremburg, and Lienhard Frey, of Thalmessing, for having adulterated some saffron, were, along with their adulterated wares, "on Friday after Misericordias," burned alive at the stake, and a woman who had assisted them was buried alive on the Monday after Boniface. In Anno, 1459, Ulrich Heydenheimer, citizen of Nuremburg, having added water to the wine which he was selling, was, by special act of grace, let off with the light punishment of losing both his ears. In Anno, 1464, Margareth Wessnerin, a huckster, who was caught in giving light weight, was buried alive near the common gallows. Such punishment had at that time, perhaps, no more effect in deterring adulterations than our laws of to-day.

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**Dr. Augustus F. Jennings** died in St. Joseph, Mo., July 25. Deceased was at one time a successful practitioner of Detroit, and later was associated with the house of Parke, Davis & Co., of that city. Dr. Jennings had lately drifted into irregular practice, as well as dissipated habits, the latter contributing largely to the cause of his death. He was 50 years of age.

**Hot Water Fountains.**—A noteworthy departure, and one well calculated to contribute to the comfort of the working classes of Paris, is the establishment of hot-water fountains on the penny-in-the-slot principle. Seventy or eighty of these will shortly be in working order distributed throughout the capital. On introducing the requisite coin, ten litres of water, heated by a "geyser," is given forth at a minimum temperature of 60° C. In this way the water is heated "per esteemed order," and there is no necessary loss of heat.

**Homeopathy** is riven by internecine disturbances. We read in one of its organs (*South. Jour. Hom.*): In a stirring editorial on the subject of "The American Institute on Fake Methods," the Minneapolis *Homeopathic Magazine* strikes some deserved and vigorous blows at those pretended disciples of similia who would trail the banner of Homeopathy in the mire of fake methods and secret nostrum practice. It is a vigorous editorial and will bear reproduction in all our journals not already dealing extensively with the question.

**The Over-Supply of Doctors.**—The cry is still they come, and in increasing numbers. It will be noted with mixed feelings by the struggling practitioners who find it hard to get a living with their utmost efforts, and who have to content themselves with starting sixpenny dispensaries or attending clubs at 2s. a head, that the number of medical degrees conferred at a recent capping at Edinburgh University, was the largest on record, including 202 Bachelors of Medicine, and 60 Doctors of Medicine. What hard struggles await these still happy and unconscious recruits in the fierce battle of life that lies before them! This is nothing in comparison to what is turned loose in this great and glorious country, and still we continue to graduate more.

**Roads.**—It is proposed, if the proposition meets with support, to make an exhibit of small sections of good roads at the Columbian Exposition. Recently a prize was offered, by an interested party in Indiana, for the best short essay on country roads. Doubtless many of our readers have noticed this offer and the award to the successful writer, who, by the way, was, we believe, a lady. This matter has been attracting more and more attention of late, and certainly deservedly so. If any class of men are interested in good reads (and city streets), it is the doctors. Therefore, we bespeak for this move for the public good the interest of those who, day in and day out, in season and out of season, must be thumping and bumping over the hills and far away.

**Dr. William Gardner,** late Senior Surgeon to the Adelaide Hospital, and Lecturer on Surgery in the Adelaide Hospital Medical School, has, since his return from Europe, resigned his appointments in Adelaide. He has been elected President of the Surgical Section of the forthcoming Congress in Sydney.

**Castration as a Punishment.**—From a communication in the *Medical News*, it appears that Dr. Wm. Hammond's recent suggestion to substitute castration for capital punishment is by no means an original one. It was advocated as far back as 1731. In 1878, Dr. G. F. French read a paper on the subject before the Maine Medical Association, and in 1888, Dr. Orpheus Evarts read a paper before the Cincinnati Academy of Medicine, entitled "Assexualization as a Penalty for Crime." We desire to call attention to the fact that in 1875 Judge Chas. Bland, of Phelps County, introduced a bill in the Missouri Legislature providing for the castration of "habitual criminals." A howl of derision killed the bill; but no good arguments could be brought against it.

**The Mississippi Valley Medical Association** will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday and Friday, October 12, 13 and 14, 1892. The program is a valuable one, containing many of the most prominent names in the profession our country affords. It covers every department in medicine. The attendance will be unusually large, as Cincinnati is the center of population of the United States. Not only the scientific, but also the social part of the meeting will be of the highest order. The interest of the convention will be augmented by the meeting of the gentlemen interested in the Pan American Medical Congress, also other bodies of medical men. Dr. Benjamin Ward Richardson has written his earnest desire to be present. The Association will be just in time and just in line for many of the gentlemen en route for the American Public Health Association in the city of Mexico. Among the many prominent gentlemen who are expected to read are the following: Dr. Hunter McGuire, Richmond, Va., President of the American Medical Association. The address on Surgery. Dr. Hobart Amory Hare, Professor of Materia Medica Jefferson Medical College, Philadelphia. The address on Medicine. Papers are expected by Drs. Reed, McKee, Rickets, Hall, Dowling, Ayres, Connor, Ransohoff, Dandridge, Whittaker, Zenner, Zinke, Cincinnati; Cook, Potter, Woodburn, Thompson, Indianapolis; Owen, Walker, Evansville; Lydston, Moyer, Belfield, Chicago; Mathews, Wathen, Larrabee, Reynolds, Louisville; Savage, Nashville; McGahan, Chattanooga; Dixon, Henderson; Ohmann-Dumesnil, Hughes, Loeb, Dalton, Borck, Hulbert, McIntyre, St. Louis; Lanphear, Kansas City; Smith, Montreal; Sutton, Murdock, Daly, Pittsburgh; Early, Ridgeway, Potter, Thornburg, Buffalo; Baker, Cleveland; Thorn, Toledo; Walker, Detroit; Baldwin, Columbus; Bond, Richmond.

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**The New Russian Pharmacopeia** has recently been issued. Compared with the preceding work, it contains a smaller number of articles, three hundred and eighteen having been discarded, while only one hundred new ones have been added. The total number now officially recognized is eight hundred and eight.

**"The Bird That Laid the Vaccination Egg"** is a virulent attack on the personal and professional character of Jenner, the discoverer of vaccination as a protection against small-pox (*Med. Rec.*). The gravamen of the argument is that Jenner's success in disseminating his views were due to his being a Fellow of the Royal Society, a distinction conferred upon him —so it is alleged—as a reward for his observations on the habits of the cuckoo. These observations, it is asserted, have since been completely disproved, and as Jenner was wrong on that point, therefore he was wrong all around. The assertion is, however, false, as others have recently observed the very same habit of the young cuckoo which Jenner described.

**"Death From Natural Causes."**—This stereotyped verdict was returned the other day at an inquest in Pelsall, England, on a boy, aged 10, who, whilst at play shortly after tea, had been taken ill, looked very red in the face, and froth was visible on his face; it was surmised that he had had a fit. He died shortly afterward. Evidence having been given by a person named Mary Jane Lewis, whose name we do not find amongst the list of qualified practitioners, a verdict as above was returned. As we so constantly have to complain of such scandalous occurrences as the above, it is only right that we should take notice of an occasion when a coronor has had ground for complaining of the medical man, rare though such opportunities are, and our cotemporary from whom the above is quoted goes on to recount a very trifling occurrence.

**Very Nice.**—The *Lancet* speaks of the late meeting of the American Medical Association and *inter alia* says: Reference has been made to but a few of the numerous and interesting papers which were read. Enough, however, has probably been said to indicate the valuable nature of the contributions as a whole and the stimulus which was sought to be given in the general addresses. American science is young, but it is vigorous, and if it is a little narrow and provincial in the conception which some of its exponents have of its functions, that is a fault which will almost daily diminish. The advances which are being made in every direction, thanks to the opportunities which the munificence of its millionaires have made available, are beyond all parallel remarkable, and it augurs well for the future of American medicine that such keen and universal interests should be evoked as were evident at this meeting.

**The Journal of State Medicine** is a quarterly which has just made its appearance in London. It is to be devoted to State medicine and public health.

**The Nightingale Fund.**—The report of the Nightingale Fund for the year 1891, which has just been issued, states that ten special probationers, and twenty nurse probationers, were entered on the register of nurses after satisfactorily completing their year of training; twenty-eight obtained appointments, either at St. Thomas's Hospital, or elsewhere. Important changes have taken place in the teaching medical staff, owing to the retirement of Dr. Bristowe and Mr. Croft. Dr. Ord has undertaken to give the course of lectures on medical subjects, and Dr. Seymour Sharkey has accepted the office of instructor and medical attendant. The death of Dr. Bernays, who gave annually a course of lectures on heat, air, water, and diet, is reported as a great loss to the training school.

**New Medical Society in Denver.**—At a meeting held July 14, '92, the Denver Clinical and Pathological Society was organized with twenty-two members. The objects of the Society in general are, the promotion of the science and art of medicine, and especially, the report of clinical cases and the exhibition of pathological specimens by the members of the Association. The following officers were elected for the ensuing year:

President—Dr. Robert Levy.
First Vice-President—Dr. E. Curtis Hill.
Second Vice President—Dr. C. B. Lyman.
Secretary—Dr. C. K. Fleming.
Reporting Secretary—Dr. D. H. Ludlow.
Treasurer—Dr. W. P. Munn.
Committee on Membership—Drs. E. R. Axtell, E. G. Wicks and Clayton Parkhill.

**Medical Advertising.**—The Royal College of Surgeons in Ireland have adopted a resolution declaring that "announcements of the departure of a practitioner from his residence are of the nature of advertisements, and are, if made by Fellows or Licentiates of the College, derogatory to his dignity." We have repeatedly alluded to this practice (*Hosp. Gaz.*), adopted though it be by some of the very shining lights of the profession, as an unworthy piece of snobbishness, but we should hesitate to advise that the offender should have his qualifying diploma withdrawn on that account. That a Fellow should forfeit his titular distinction for persistent violation of even a minor ethical rule seems reasonable enough, and we should be pleased to see the London College of Physicians call certain of their too pushing Members and Fellows to book for systematic contempt of the College dignity in this respect. The peccadilloes of the smaller fry had better be ignored, for we doubt very much whether the General Medical Congress would venture to accept this particular offence as a reason for disqualification.

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**The Berlin Academy** has voted a sum of 800 marks to Professor Wernicke, of Breslau, toward the expense of the revision of his *Atlas* of cerebral anatomy.

**An Editorial** in the July number of the *Medical Advance*, announces that a new college, to be known as the Hering College of Homeopathy, is to be opened this year, presumably in Chicago, though that fact is not stated.

**Dr. Peter Bryce,** the Superintendent of the Alabama Insane Asylum, died at his home in Tuscaloosa, of Bright's disease, after an illness of several months. He was 58 years of age the time of his demise.

**Dr. W. Thornton Parker** has accepted the invitation of the Faculty of the College of Physicians and Surgeons, Chicago, to deliver the course of lectures on Medical Jurisprudence during the approaching session, 1892–3.

**Dr. William A. Smith,** one of the oldest physicians in Newark, died recently after a long illness. He was born at Guilford, Chenango County, N. Y., March 30, 1820, and was graduated in 1847 from Geneva College.

**"The Medical Recorder,"** of London, has recently come to an end. It was a well-conducted paper, and most of its selections were made with judgment, but unfortunately people didn't want it enough to pay the subscription price.

**Dr. Enrico Tanfani,** a promising young physician of Florence, died in consequence of a fencing wound. His antagonist did not notice that his foil had lost its button, and making a lunge with it, drove it into Dr. Tanfani's breast.

**Dr. William Henderson,** Professor of Clinical Medicine in the Royal College at Kingston, Ont, died August 11, after two weeks' illness from Bright's disease and dropsy of the lungs. He was 36 years of age and was a member of many societies.

**The American Association of Obstetricians and Gynecologists** will hold its fifth annual meeting at the Lindell Hotel, St. Louis, Tuesday, Wednesday and Thursday, Sept. 20, 21 and 32, 1892. The President, Dr. A. Vander Veer, of Albany, N. Y., wishes it understood that all members of the medical profession interested in the subjects discussed, or who are friends of the Association, even though not especially interested in its branch work, are most cordially invited to attend the several sessions.

The Lindell Hotel will be the headquarters of the Association during the meeting, and has a convention hall which will provide ample accommodations for its sessions.

**Medical Society of the Missouri Valley.**—The annual meeting of this Society will be held at Council Bluffs, Iowa, September 15, commencing at 9 A. M., and continuing in session one day.

**Suicide on Account of Rejection at an Examination.**—The increasing severity of the pass examinations of medical students in Italy multiplies the number of rejected candidates, some of whom have been found to put an end to their studies and even to their lives. A deplorable case of the latter "desertion of the post," as Plato puts it, is announced from the Bologna School. A student of medicine, known to be industrious and very popular with his class fellows, was found dead on the evening of the 6th inst., in his room. He had committed suicide by severing with a razor the carotid artery of the left side. Failure to satisfy his examiners had, it seems, induced profound melancholia, under an acute accession of which he had just made away with himself.

**Condescension.**—A writer in the N. W. *Journal of Homeopathy* says: These facts conclusively prove the Homeopathic School is a free school; that any and every subject presented to its members is considered on its own merits and judgment is rendered in accordance therewith, unbiased by any prejudice ignorantly believed to trammel their action. The claims of Hahnemann and of Koch, of Pasteur and of Brown-Sequard are scrutinized by them with strict impartiality, and if to either recognition is accorded as chief and leader, it is simply because he first placed within the grasp, and control of man certain natural forces which intelligently guided, effect results elsewhere unattained. When another renders equal service to his race to him will equal homage be paid.

**Condemnation of Secret Cures for Inebriety.**—The last quarterly meeting of the English Society for the study of Inebriety discussed the Keeley bichloride of gold cure, and before adjournment passed unanimously the following motions:

1. "That this meeting of the Society for the Study of Inebriety (of which the members are registered British medical practitioners) is of opinion that any so-called 'cures' for inebriety, the composition of which is not disclosed, are unfit to be commended by honorable members of the medical profession, who are bound to place the full details of their treatment before their professional colleagues, a requirement as essential in the interest of the public as it is consonant with the disinterested practice of scientific therapeutics.

2. "That this meeting, having been informed by a competent London analyst, who has made a special analysis, that the alleged 'bichloride of gold cure' shows no trace of gold or chlorides, and contains 27.55 per cent of alcohol, condemns unreservedly the prescription of such an intoxicating preparation to an inebriate."

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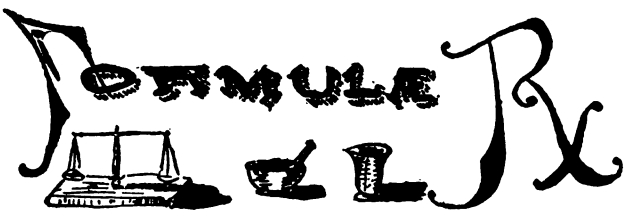
**The Honorary Librarian** of the British Medical Association has received from Mrs. Alfred Carpenter, a valuable gift of a series of important works, bearing chiefly on hygiene and public medicine, from the library of her late husband, Dr. Alfred Carpenter, formerly President of Council of the Association. They are upward of 250 in number, and constitute a very valuable addition to an important department of the Library.

**Blood-Letting Among the Natives of East Africa.**—In the *Journal* of the Anthropological Institute for May an interesting paper is published by Mrs. French-Sheldon upon customs among the natives of East Africa. Among other things, reference is made to the curious method which is in common practice for drawing blood in case of illness. To quote the words of the authoress, "although the young (native) girls are very beautiful in figure, their faces are not so, as in some of the other tribes of the highlands, and I came very near being betrayed into supposing that certain scars upon their bodies were the result of tatooing; after some investigation, however, I found that they resulted from cupping, which they resort to for their headaches or any other ailment, in fact, no matter what malady afflicts them they are great blood-letters; they excoriate the surface with a little knife, or a piece of flint, or wire, and then place over it (the small wound) a gazelle horn with the pointed end cut off; they then apply suction by holding the horn firmly against the part, and thus extract the blood with their mouth. If the malady is serious they make several applications, withdrawing as much as an ounce and a half of blood."

**Third Congress of Tuberculosis.**—The Third Congress of Tuberculosis will be held at Paris in the latter part of July, 1893. The following propositions will be discussed: The role played by contagion and heredity, respectively, in the propagation of tuberculosis. Infectious diseases as provocative causes of tuberculosis; the part played by certain of them in the localization of tuberculosis for instance, gonorrhea in the development of tuberculosis of the testicle, influenza in the development or aggravation of pulmonary tuberculosis. The lulls of tuberculosis; their duration; the means of recognizing their cessation in advance; the causes of recurrence. The various means of diagnosis of bovine tuberculosis, in particular the determination if the inoculation of tuberculin is a certain means of diagnosis of tuberculosis in cattle. The dangers that may arise from the interment of the bodies of tuberculous persons; the wisdom of the substitution of cremation for interment; the necessity for destroying the tubercle-bacilli in cadavers. New modes of treatment, prophylastic and curative, based upon etiology. The utility of the generalization of inspection of meat. A prize of 3,000 francs ($600) will be awarded the best essay upon "The Means of Diagnosis of Latent Tuberculosis, Before its Appearance or After its Cure."




**Anti-Neuralgic Mixture.**—Dr. Hightoner employs the following (*Lo Sperimentale*):

℞ Bromide of ammonium,
Salicylate of sodium, - aa grams, 5.
Tinct. hyoscyamus, - - grams, 8.
Water, - - - - - grams, 80.
Syrup, - - - - - grams, 30.

M.

Sig. A teaspoonful every thirty minutes until the pain disappears, without exceeding four teaspoonfuls.

**Irritative Dyspepsia.**—When this condition is attended with constipation the following is recommended:

℞ Cascaræ aromatic (Stearns'), - ℥j.
Ext. fld. podophylli, - - ℥iij.
Ext. fld. sennæ, - - - - ℥ss.
Ext. fld. belladon. rad., - - ℥ss.
Syr. simplic., - - q. s. ad ℥iv.

M.

Sig. One to two teaspoonfuls.

This is of use in irritative dyspepsia, attended with constipation. It is particularly valuable from its modifying effects on the secretions of the alimentary canal.

**Cholera Morbus of Malarial Fever.**—Dr. A. B. Palmer recommends the following (Kansas City *Med. Rec.*):

℞ Opii,
Gum. camphor, - - - aa gr.ij.
Hyd. chlorid. mit., - - - gr.iij.
Sacchari lacti, - - - grx.v.

M.

Rub up into a very fine, impalpable powder. This should be dropped into a teaspoonful of water, and taken far back into the mouth, followed by a single small swallow of water. Repeat in one hour if relief does not follow.

**Earache.**—When due to inflammation of the external meatus, it is well to scarify first, and then to make use of aural suppositories or tampons, about one-third inch long, and composed of (*Arch. of Gyn.*):

℞ Morphiæ sulphat,
Cocain. hydrochlor., - - aa gr.jss.
Gelatin, - - - - - ℥ivss.

M.

Or, the canal may be irrigated by six per cent solutions of cocaine, or twenty per cent solution of carbolic acid in glycerin.

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"I Think I'll give the country the shake," remarked the malaria as it prepared for business.

Gruff Mate.—What in the world are you crouching in the corner for?

Cabin Boy. (faintly)—For my health.

Bilkins: Why doesn't Old Soak try the bichloride of gold cure?

Filkins: He's afraid it will take away his appetite for drink.

It Is said of Mrs. Partington that while gazing admiringly on St. Paul's Cathedral, in London, she expressed her emotion as follows: "O! venereal pile; gigantic stricture."

Miss Fortoid: Dear me, how you are freckled! I should feel awful to have my face like that! Miss Young: But then there is no danger of being freckled when one is on the shady side.

Dolly Varden.—I'm allowed to sit up till nine o'clock now 'cause I'm six years old.

Freddie Sparkle.—Hah, but I was allowed to sit up all night last night 'cause I had the cramps.

Ethel: Ma, I want some water to christen my doll. Ethel's Ma: No, dear; it is wrong, you know. Ethel: Well, then, I want some wax to waxinate her. She's old enough now to have something done for her.

"We Will cure all the ills of the body politic!" the candidate exclaimed in the course of his speech. "Is that the reason you have all the ward heelers in the city working for you?" a man in the front bench asked.

School Trustee:—"Your class in physiology does not appear to be up to the standard, Miss Birch."

Teacher.—"I've done the best I could with the charts that I found here, Mr. Small."

School Trustee.—"Um—er—what did the charts consist of?"

Teacher.—"Six views of a whisky stomach."

His Idea of Fame:—"Ambition is my life," said the enthusiastic youth as he sketched out a marvelous future for himself. "I intend to live only for success, power. But how best to achieve that? Shall I command armies, dictate to senates, or wield the mighty pen?"

"Do none of these things," said his father with the wisdom of years; "the secret is this: discover a new bacillus."

The Annual Volume of the Transactions of the Old Point Comfort meeting will contain some twelve or thirteen chapters and as many different railway surgical subjects, with from two to six or seven papers on each general subject or chapter, besides a revised list of the members in good standing, their addresses, their railroad (that is, the principal road they represent where they are surgeons for more than one company) and their official title.

The Great Trans-Siberian Railway, which is to terminate at Vladivostock on the Pacific Coast and complete an unbroken line of steam communication across Asia and around the world, is actively under construction (*Ex.*). Dispatches say that 12,000 men are at work on the eastern section and that about 100 kilometers will be completed this fall. Several thousand miles, however, are to be built, and it will be a good many years before the great enterprise can be completed, even though several links in the line are to be connected by steamboat navigation on the great rivers.

The Annual Report for the year ending June 30, 1892, of M. E. Ingalls, President of the Chesapeake & Ohio Railway, presents some remarkable statistics. The company was re organized in the fall of 1889, the year previous to which it earned $4,500,000; last year it earned over $9,000,000. Not only was there an increase in passenger earnings, but also in the rate per mile, while freight traffic increased with very nearly the same rate per mile. To meet the demand of the heavy export traffic, new freight and passenger piers and increased yards have been completed at Newport News. Forty miles of double track over the mountains now nearing competition will be increased to seventy miles during the next year. New branch lines to valuable coal fields completed within the past year and others very nearly completed, will give increased traffic of that class. The main line is laid with 75 pound steel, some ballasted, and together with the rolling stock greatly augmented during the past year, is in the finest condition. With all these increased facilities the cost of hauling traffic will be greatly reduced. For the first time in its history the Chesapeake and Ohio seems to have reached a dividend producing period. By the conversion of preferred stocks into 4½% gold bearing bonds, a scheme which was approved by the stockholders with great unanimity. There is a fixed income from these holdings, while by the scheme, common sock is placed nearer a dividend.

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# MEDICAL REVIEW.

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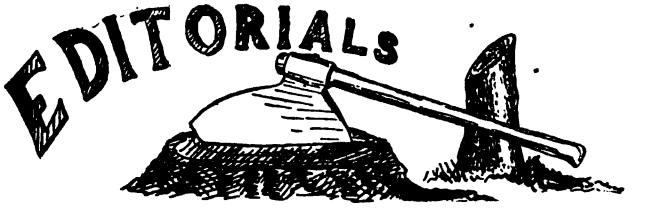


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Financial Responsibility.

Credit is said to be the bulwark of business. The financial operations of our best and most prosperous business men are based, in great part upon this credit and, were they deprived of it, they would be unable to carry on their business except in a very limited and small way. Governments even negotiate loans and raise funds upon their credit. We find the system everywhere and it seems to be one of the essentials for the proper management of finances in these days. It is true that credit is one of the best things for business but it is equally true that it may occasionally become one of the worst. It is essentially a matter of confidence. In those cases in which security is demanded or exacted, it is in reality no credit. One of the prerequisites of credit is an abiding faith and confidence in the financial integrity and honor of the debtor. That this is necessarily unreliable and deceptive the assignments, and bankruptcies testify to in the fullest manner. That misfortune and unforseen accidents may "squeeze" a man who is above suspicion is equally certain. But, that in the majority of cases a lapse and an inability to meet obligations is due to criminal negligence or reliance upon the forbearance of others is equally well known.

It is a notorious fact that, taken as a class, medical men are exceedingly negligent in business affairs. They are negligent in the management of the financial part of their profession. They will not collect moneys due them with that promptness which is characteristic of every business. We have seen this trait carried so far that a practitioner actually refused to accept the money tendered to him, preferring to wait until the end of the year in order to collect a larger bill. This is not "business" and, to a man engaged in mercantile pursuits, it appears very strange. This custom, however, has grown to such an extent that the majority of patients regard it as very strange when a physician renders a monthly account for services rendered; yet, these very same people will pay cash for shoes, clothing or the other necessaries of life and look upon the proceeding as a very natural one. The result of the whole matter is that the negligent physician, and this class constitutes the majority, waits a year to collect his bill and in many instances is importuned to "shave" it, and gets less than if he had insisted upon collecting his accounts every month, when each one was comparatively a trifle.

Now, "it is a poor rule that won't work more ways than one." This action of extending credit, almost indefinitely, has made the average doctor a long-time debtor. The keen sense of financial obligation has become dulled and the physician contracts debts in a manner which is absolutely reckless and ruinous in some instances. A medical man who cannot command a certain amount of credit is a rare sight indeed, and there are few who will not avail themselves of the privilege. The difficulty lies in this—they will not only avail themselves of it, but they abuse of it. They are looked upon as men who earn money easily, who command more or less of the respect of the community and they are accordingly granted financial privileges by others on the strength of these suppositions. We do not mean to imply that physicians are dishonest, for from that; but they are slipshod in their methods and are reckless in their proneness to incur debts. They are always imagining that they will make the money and settle that "little bill" in a few days. It slips their memories, more bills are added, and some fine day they are aghast

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when they are confronted with the aggregate of those "little bills."

We will illustrate by a common example of this condition and one which appeals directly to every one of our subscribers. It is a notorious fact that the books of every medical journal, with possibly a very few exceptions, are loaded with the names of delinquent subscribers. They are often unaware of the fact, even though the journal arrives with the most constant regularity. It is simply forgetfulness and negligence on their part; and, when they receive a memorandum of their account they are very apt, in many cases to have their doubts as to the justness of the claim presented. It is the same with them when ordering books from medical publishers and booksellers. They will simply order it "charged," and they cannot understand that a business man wants to be paid for that which he has furnished. Because they are willing and anxious to wait for inordinately long periods of time they cannot appreciate the fact that others do not conduct their business upon such flexible lines. Because their capital has been invested long ago they cannot appreciate the fact that others expect quick returns for the money daily invested and that as Ben Franklin put it, the "nimble penny is better than the lame shilling."

It is a notorious fact that doctors very rarely become wealthy, unless they acquire fortunes through lucky speculations, etc. As a rule, a physician does not make money until he has arrived at quite a respectable age, and then he is frequently a large creditor as well as a debtor. His debts slowly but surely accumulate against him and his credit becomes steadily worse. He loses the confidence of a great portion of the business community and is driven to hardships by being forced to pay cash for everything where he was formerly accustomed to have it charged. It is a sad commentary on the medical profession to reflect upon the fact that so many individual members of it do not enjoy the confidence of tradesmen and are looked upon as financially irresponsible.

There are those physicians who have a morbid desire to ape those fortunate enough to possess large independent incomes. In such cases extravagances of all sorts are indulged in and the consequence is a chronic state of indebtedness. As soon as one creditor is satisfied another clamors for pay and all sorts of devices are resorted to in order to satisfy these rapacious inpividuals. Every possession is mortgaged to its utmost limits and the payment of the interest on these becomes a temporary makeshift to put off the day of reckoning .which must inevitably come. The doctor trusts to luck, hoping, like Micawber, that something may turn up to relieve the strain which exists.

We also have the honest, careless practitioner who is unfortunate through his own negligence. He is always penniless and leads a hand-to-mouth existence becoming totally irresponsible, in a financial way. It is this class which is very apt to become disgusted with the profession of medicine and, in some cases, to drift from bad to worse, taking to drinking habits and finally winding up this earthly career in a hospital. Shiftlessness will frequently follow dymestic or other troubles and drive an erstwhile prosperous man to the dregs.

We do not desire to call attention to the lack of financial responsibility in medical men any further. It is sufficiently well known not to require us to expand on this subject. It is so apparent that every one can point to those of his acquaintance who are prominent in this defect. There are others again, and we are pleased to note a continual increase in their numbers, who are punctilous in the payment of all their debts. These are the men who prosper and they are the ones who are sharp in their own business. They collect promptly, pay for everything they get, and acquire a surplus. They are prosperous to a certain extent and should illness or other misfortune temporarily disable them, they have no difficulty in obtaining help in the way of credit. It is a pleasure for others to extend it to them for they know that it is to one who is financially responsible and that the indebtedness will be wiped out at the earliest possible opportunity. Our advice to every medical man is to so manage his affairs as to acquire that financial responsibility which he can only acquire by close attention to business and prompt payment of debts.

**Financial Embarassment** has been the result of the confidence Mr. Wm. T. Keener, of Chicago, placed in the credit of physicians. He was recently forced to make an assignment because he trusted doctors too much. It is a known fact that medical book dealers are allowed such a small margin on books that giving credit at catalogue prices is ruinous. This over-trusting dealer allowed his customers the first discount and included credit. He was not paid within a reasonable time by many and never paid at all by others. Under these circumstances it is no matter for surprise that he went under. He was such a kind, conscientious, and liberal man that his creditors have willingly accepted to compromise his debts on a basis of thirty per cent. The whole matter, however, simply emphasizes the fact that a large number of medical men are not deserving of financial credit. They expect others to live on a margin which simply means starvation and, even under such circumstances, they are apparently unwilling to advance the cash.

This course of action has embittered many well meaning dealers and publishers and has driven them to the necessity of exacting payment in advance for whatever goods are ordered. Certainly no one can attach any blame to them for adopting this course of action. The conclusion which has been adopted is that so well put by Vigil, *ex uno disce omnes*; or, as our British brethren put it in another manner, "fine words butter no parsnips." It is a notorious fact that doctors are poor pay and the time of retribution is drawing near when the title M.D. will mean "money down," for everything the possessor of the title desires. It is lamentable to contemplate such a state of affairs but, unfortunately, it is

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one of those stubborn facts which we must face, *nolens volens*.

**Violations of the Code** seem to be indulged in by the very elect, if we are to judge from the following which appears in the *Western Medical Reporter*: It is a peculiar fact, that some of the most flagrant violations of the Code have cropped out within the classic shades of the institution, which has been the fountain of all that is ethical for lo, these many years. We called attention to some of these ethical discrepancies in a previous issue of the *Reporter*. We clip the following from the *Chicago Herald*, July 21:

"Surgeons E. W. Andrews and C. W. Crary, of the medical board of pension examiners, have performed a remarkable surgical operation on Major O. C. Towne, a veteran living at Argyle Park. He has been confined to his bed for nearly a year from an abscess in his right lung. Two months ago the abscess was cut and drained. His condition became worse. Last Sunday Dr. Andrews determined upon another operation. He opened the lung cavity for the better draining of the diseased spot. After the incision was made almost the entire lung was found to be affected, and, so four ribs were removed. In the cavity was found a quantity of stony substance, some of the pieces being as large and as hard as marbles. The walls of the cavity were petrified.

"Yesterday the patient was feeling better than in weeks. The physician says the case is the most remarkable one he ever handled. Nothing similar has been reported in medicine. They look for the Major's recovery."

That our readers may fully appreciate this ethical advertisement, we will state that Dr. Crary is a Homeopath. But, of course, this was not a consultation, oh no. The above is not a defense of that superannuated old fraud, the Code, but it is illustrative of the hypocrisy of medical men in general. Your "regular" will not advertise—unless he gets his advertisement gratis. He will not consult with a homeopath—unless he gets a good chance and a fee. We dare say, that fifty per cent of the Chicago medical society have violated the Code at one time or another, yet the society still subscribes to the letter and spirit of the Code. It is about time for the regular profession to throw off that mask of hypocrisy—the Code, and do its advertising and homeopathic consulting on the square, if it must do it at all. The Old Code must go; the handwriting is on the wall.

**The Doctor's Temptations** are many. Some are detailed by the Pacific *Medical Journal*, which states that the pitfalls which the devil places in the path of the young medical practitioner are many, and it behooves him to keep ever humming that good old Methodist hymn, "Yield not to temptation."

Dazzled in early youth by the stylish equipage, the beautiful residence, the elegant offices, the wealth, the honors, and the high-sounding titles of Dr. Sapomollis, the able and energetic Professor of How-to-get-practice in the leading medical school, he may have chosen the profession of medicine as a bee-line to worldly success; but he soon has impressed on him the unselfishness of its votaries, and by daily association with his teachers the new-kindled all-for-the-good-of-humanity self-sacrificing ambition's faint and flickering spark is fanned into an all-consuming flame, and after graduating, it may be at the head of his class, he hangs out his shingle and sits down in his office with vain-glorious notions of the physician's noble calling, waiting patiently for the opportunity to exercise his humane benevolence. But day succeeds day, and week follows upon week, nay, months may roll by, and yet the poor suffering creature whose pain he so longs to alleviate, cometh not. One of his neighbor's children is taken down with measles, but his classmate, Dr. Brazen, is called in, who, when a consultation is requested, suggests Dr. Sapomollis. At last the point is reached when he can no longer pay his washer-woman, the landlady threatens to evict him, the restaurant-keeper refuses him his twice-a-day chicory decoction and doughnuts, his watch is left at the "Uncle's" for safe keeping, and sleeping on a wooden table with Gray's Anatomy for pillow and a few old newspapers for covering, his philanthropic ardor is chilled, and if it were not that Drs. Sapomollis and Brazen might reap the golden harvest, he would plant typhoid bacilli in every well in town.

**Wealth** is not one of the results of the practice of medicine. The *Post-Graduate* says that a recent and interesting feature in one of the daily newspapers of New York, was a list of the millionaires of the country. A friend who looked over it with care, says that he did not find the name of one practicing doctor in the list, while many lawyers figured there. The names of clergymen and physicians were conspicuous by their absence. Much as is said by some rich and well-to do persons and witty journalists, about the enormous fees received by consulting surgeons and physicians and specialists, these fees in reality do not at all compare with those obtained by lawyers of like reputation and rank. A successful man in medicine, whether eminent or not, may only expect a very good living, such as is obtained by the well-to do people of his vicinity, together with the ability to leave a moderate resource for his family. But in order to accomplish this, the doctor must not die in early middle life. A man who does not live to be fifty-five or sixty years of age, and depends alone upon his practice for an income, does not ordinarily leave anything for his family. It is a fact that physicians' fees, however high they may seem to a jury of day laborers or clerks, are usually very low, when the time and money spent in acquiring an education and skill, and what is otherwise involved, are considered.

**Medical Education in the United States** is not looked upon with great favor by the *Canadian Practitioner* which states that there is in the United

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States a medical organization called "The Association of American Medical Colleges," formed for the laudable purpose of raising and governing the standard of medical education in that country. According to the New York *Medical Record*, it has had a somewhat checkered history. It was organized originally in Philadelphia during the centennial year, and made but little progress for several years. In 1890 its strength developed somewhat rapidly, and at the annual meeting held this summer in Chicago the attendance was large, including a representation of over two-thirds of the medical colleges in the American Republic.

The representation from the South was small, and one of its few medical colleges in the association formally withdrew from membership. The reason for this step was purely commercial in character—the standard of the association was too high for the schools of the "Sunny South." From one point of view this is a sad confession to make, as the standerd referred to is far from high as the word is understood in nearly all other countries. However, the association is working in the right direction, and is likely to advance the character of medical teaching in all parts of the United States.

**Insanity** is so often made a plea in criminal cases that it leads the *Medical and Surgical Reporter* to ask: Is insanity or mental peculiarity and weakness a valid excuse for crime?

The Latin poet has justly said that *ira furor brevis est*, and criminal lawyers making use of the theory are content to prove that their clients were insane only at the moment of the commission of the crime, and therefore irresponsible. A glance at the results of coroner's inquests in the case of suicide reveals the great predominance of the verdict "*felo de se* while laboring under temporary insanity."

Indeed, some authorities go so far as to say that no one in the possession of their mental faculties would voluntarily take their own lives. Would not a similar contention be applicable in case of murder and other revolting crimes? Again, in cases where the criminal is evidently of a very low mental calibre, in whom bestiality and brutality are inherent traits, is it justice to credit him with the same amount of moral sesponsibility as an educated or sane man?

All this is theorizing, but theorizing that is made active use of in our criminal courts, and theorizing which, to the disgrace of the so called medical expert, turns out yearly from behind the bars a large number of dangerous criminals.

In the enforcement of the extreme penalties of the law, two points are held in view: First, the example to others; second, the public welfare.

In what manner the public welfare is to be conserved by the acquittal of the criminal insane or criminally irresponsible is not apparent. If such an acquittal meant a confinement for life or until the individual's mental condition had become such that he was no longer a menace to society, it would be another thing. It is only too common that when such criminals are subjected to confinement it is but a short time before they are liberated, but their mental condition unimproved.

**Disparagement of Our Professional Ancestors** is not to the liking of the *Medical News* which says: The following statement is found in an editorial in a recent issue of an American medical journal: "A hundred years or so ago our ranks were composed mainly of quacks and of impractical dreamers." Apparently this assertion is intended to apply to the profession not of this country, but in general. Whatever the author's purpose, the remark will be considered by us as relating exclusively to American physicians. We question its truth for reasons that will now be presented.

Many of the practitioners of medicine in this country during the eighteenth century were educated in the best schools of the Old World before coming to the Colonies; many others who began their studies here completed them in famous institutions in Great Britain, or upon the Continent; and still others, born here, had their entire medical education abroad.

More than a hundred years ago, a successful medical school was in operation in Philadelphia, and one in New York, both established before the Revolution.

If the names upon the roll of medical teachers of "a hundred years or so ago" be compared with the names upon the roll of medical teachers of to-day, it will be found that there were quite as famous and able men then as now. Such a comparison will do no discredit to the men of the last century.

In the early days of medical teaching in this country the candidate for graduation was required to write a Latin thesis, and, from an examination of some of these that we made a few years ago, it was evident that the authors had been carefully and capably instructed in Latin composition. These men had the mental discipline and the liberal culture that thorough study of the ancient classics give. Here we beg leave to remark that we trust the day is distant when such studies shall be cast aside by those who are preparing to study medicine, sole attention being given to learning the physical sciences. However this may be, does it seem probable that students thus educated, "a hundred years or so ago," would be "quacks" and "impractical dreamers?" Would not the influence of such men rather have a strong tendency to elevate the profession. Is it probable, nay, even possible, that with such teachers and pupils there could be the conditions described in the editorial we have quoted. To ask is to answer.

**Doctors Dispensing their Own Medicines** is commented upon by the *Bulletin of Pharmacy* in this manner: While there may be certain conditions in which a doctor may find it convenient for himself to dispense his medicines, the druggists should realize that no physician whose patronage is worth having could

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keep on hand all the remedies which a busy practice demands, and be able to convince the doctor that pharmacy is a profession in itself, and that man cannot, in these modern times, "in all things be all." Were it otherwise, trade would revert to the ancient methods of primeval eras, and there would be no division of labor, which has done so much for modern progress.

**Microscopy is a Science** according to an exchange (*Am. Mo. Mic. Jour.*). By microscopy is here meant the special learning relating to the construction and use of the microscope and of its various accessory apparatus. The microscope is not a simple tool but a complex and delicate mechanism around which a vast mass of special learning has been accumulating for many decades; this special knowledge has already assumed an orderly arrangement, and the ultimate principles on which the various manipulations are founded have been generalized to such an extent as to fairly entitle microscopy to be ranked as one of the sciences. To be properly studied, objects must first receive more or less special preparation, and the necessary knowledge can only be acquired by patient study. Almost all of the technical processes of microscopy as used in distinct lines of research have much in common with each other. The same microtome and turn-table, staining and mounting, and finishing media, the same slides and covers and labels and forceps and needles, are used in many different researches. But the knowledge is the same, it is certain, it has been verified and systematized, and it is such in quantity as to amount to a science.

**The Solomons of the Profession** are spoken of in the following manner by the *Medical Brief:* There is, in every profession, a certain set of men, and particularly is this true in the schools of medicine and theology, who might be styled the "Solomons of the profession."

They are men of earnest but narrow views; men who, perhaps, have been educated into a symmetrical mental development. These men examine into and decide upon the merits of a question, according to their own little narrow code of beliefs, and woe unto the professional man who dares to differ in his views or practice. He is eternally condemned, and few are there who possess the courage to face this trial and the inevitable sentence.

Without desiring to be in any way profane, it may be truly said that these self-declared Solomons are a curse to the professions to which they belong. They stand confronting the vanguards of progress with flaming swords, and each step of advance is only won at the cost of a desperate and deadly conflict.

Courage, the grandest production of mental and moral evolution, is the prime requisite of the professional man to-day. With the wane of barbarism and rapid growth of civilization, physical courage has gradually degenerated, but moral courage has attained a development hitherto unknown.

Let us have courage sufficient to stand by that which we have tried and found to be of practical utility, notwithstanding the changing of fashion and shifting of views, and to attack and solve, each for himself, the different problems which may be presented during the progress of medical science, rather than accept, ready-made, the opinions promulgated by the so-called "Solomons of the profession."

**A Radical Measure** is advocated by the Journal of the Arkansas Medical Society in regard to the Code of Ethics. After some preliminary remarks, it says: If some feasible means be suggested whereby this will be accomplished, there can be but little doubt of the more rapid growth and strength of the Association. The suggestion which the Journal puts forth now is that the Association be so reorganized as to bear the same relation to the State Societies and their subordinate county or local Societies that the national government bears to the several States that compose the Union, with the proviso that each State shall be in its medical organization as it is politically, sovereign, and have the right to make its own laws and code of ethics to suit the varied conditions of the medical profession as they exist in each of the States.

In a country so vast and varied as ours, with its dissimilarity of medical population as much as in other respects, it may not be possible to promulgate a general code that shall be applicable in all the States.

The State of New York, with its cosmopolitan population from all the quarters of the globe, its immense hospitals, great schools, private sanitariums, dispensaries and clinics, with medical laws and medical men as varied, may not find it possible to conform to a law that is applicable in Arkansas, where there are no large cities, few specialties, one medical school, no private sanitariums, etc., etc.; without a State Board of Health and having one of the vilest medical laws that ever disgraced the statute book of a State.

Or, maybe, Alabama, with the whole medical act administered through the machinery of her State Society, cannot find it consistent to say that her regular physicians shall not consult with those who, though technically irregular, have nevertheless been by the agents of her State Society licensed to practice medicine. In Alabama it would be embarassing to a member of a board of examiners to have to refuse to consult with one whose licence bore his signature attesting the ability of its holder to practice medicine.

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**Myxedema.**—M. Robin, taking a leaf out of Prof. Brown-Sequard's book, treated (*Times and Reg.*) a child of seven who was suffering from the above malady by injections of a liquid extract of thymus gland. He prepared the solution by squeezing out the juice of the thyroid gland of a sheep preserved in a half per cent solution of phenic acid; he made daily injections and in eight days the edema began to visibly diminish. Since then the child walks and speaks well.

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**Treatment of Cholera.**—With the possibility of a cholera invasion in view, Dr. George Johnson has thought it opportune to call attention once again to his castor oil treatment for the diseese (*Hosp. Gaz.*). The arguments on which he favors the evacuant treatment and condemns the use of opiates and astringents are certainly plausible. When Koch was carrying out his experiments with the bacillus of cholera he failed to produce the disease in animals by introducing the cholora bacteria into the stomach unless at the same time he injected into the peritoneal cavity a narcotic dose of tincture of opium, his object being "to render it possible for the comma bacillus to remain longer and gain a footing in the intestine." In this manner he induced fatal cholera in thirty out of thirty-five guinea-pigs experimented upon. The administration of opium in cholera would certainly appear to be imitating on the human subject the experiments which Koch and others have performed on guinea pigs. It is a matter of common experience that the abrupt arrest of diarrheic dis charges is apt to bring about a condition of collapse, and there is no *a priori* reason why this clinical fact should not apply to the diarrhea of cholera. We know for certain that the opium treatment has invariably and everywhere failed to influence the mortality, and for this reason, if for no other, one would be tempted to try an alterative plan. Even if Dr. Johnson has not succeeded in placing his method of treatment on a sure basis, he has certainly demonstrated the futility and the danger of brutally bottling up the intestines by opiates. We trust, however, that the question, so far as this country is concerned, may remain open for want of an opportunity of putting his suggestion to the test.

**Sulfonal in Cramps.**—Dr. Edward Andrews relates the following cases (*Jour. Am. Med. Assn.*):

A gentleman was troubled for many years with nocturnal cramps of the legs and thighs, increasing slowly as his years advanced. Fifteen grains of sulfonal taken before retiring always prevented the spasms. After two months he found that a single dose would prevent the trouble for nearly a week. In about ten weeks more the course of the trouble seemed to be cured, so that he has now been a long time without requiring or taking any of the remedy.

A vigorous young man engaged in superintending the construction of a building, fell 32 feet, striking obliquely on a slope of timber, causing a severe contusion of the right sciatic nerve, without fracturing any bone. The thigh and leg of the injured side kept up a constant and painful jerking motion, resembling somewhat the movements in chorea. Two doses of sulfonal of fifteen grains each completely arrested the distressing movements.

It seems that the antispasmodic power of sulfonal is of more value than its sleep-producing influence, and that it will prove of immense value in many cases in which no one has yet thought of giving it a trial.

**Summer Diarrhea of Children.**—Dr. Frank W. Talley states (*Annals Gyn. and Ped.*) that the treatment of these maladies has been as varied and confusing as it has been unsuccessful. The indications are:

1. To remove the cause.
2. To support the patient until the ptomaine poison is thrown off.

The removal of the cause embraces the sterilization of the milk and the removal from the intestinal canal of its fermenting contents and colonies of bacteria. In a recent paper Freeman has introduced a method which is unobjectionable by keeping the milk at a temperature of 167° for half an hour in an appropriate apparatus, at which temperature all the germs are killed and the nutritive qualities of the fluid are not interfered with.

The cleansing of the intestinal canal is attempted by flushing out the stomach and intestines with water, either pure or medicated with boracic acid or thymol.

The apparatus needed for this maneuvre consists of a fountain syringe, over the nozzle of which is fitted a large-sized flexible rubber catheter. In using the apparatus the end of the catheter is placed on the back part of the child's tongue, when a swallowing motion will be noticed and the tube can without effort be passed into the stomach. Irrigation should be continued until the washings come back perfectly clear. This procedure is valueless unless irrigation of the intestines is conjoined. Here the same apparatus is used. The child is laid stomach down on the nurse's lap, previously protected by a rubber apron, and the tube entered into the anus while the stream is flowing; this facilitates its introduction. It is passed on as far as possible, beyond the sigmoid flexure in most cases, and water passed in until the bowel is distended, when the resistance of the sphincter will be overcome and the contents—tube and all—will be forcibly expelled. This should be repeated until the canal is washed clean. The relief obtained by removing the fermenting bowel contents is marked, and very often I have seen the child fall into a peaceful sleep on the nurse's knee. Such washing should be repeated daily.

After thus cleansing the alimentary tract, as far as possible, of the colonies of bacteria and their toxic products, the next step is to administer antiseptic drugs, and the most efficient of these are calomel and salol. They are best given in small and frequently repeated doses. One or two grains of calomel or one to four grains of salol daily, in fractional doses, are enough for a child one year old. Subnitrate of bismuth, in five to ten-grain doses, is an old and reliable remedy.

The second indication includes the support of the

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patient until the toxic matter is eliminated. The heart must be sustained, the temperature reduced and the nervous symptoms allayed. Under the copious irrigation these symptoms are greatly moderated.

If the vomiting and purging, nervous symptoms, restlessness, delirium or convulsions continue, opium is indicated. Morphia, hypodermatically is the best form; 1-100 grain of morphia, with 1-800 grain of atropia, may be given to a child one year old, and repeated in one hour if necessary. For hyperpyrexia the cold bath is the only treatment. The child should be placed in a bath at 100° and the temperature of the water gradually lowered to about 85° by adding ice, and the patient allowed to remain until the proper amount of reduction is effected. These baths may be repeated hourly if the high temperature persists. Stimulation is necessary; iced brandy or champagne in small doses, frequently repeated, if tolerated; if not, the hypodermic administration should be resorted to. After the stomach has become tolerant and the diarrhea is checked, the sterilized milk is to be given in small doses. A change of air to the seaside or mountains is then indicated to secure a rapid convalescence.

**Summer Diarrhea.** — Dr. W. N. Rogers, in speaking of the cure of this dreaded trouble in children, states (Daniel's *Tex. Med. Jour.*) that there are a number of drugs that will accomplish the desired object, and it depends on one's own notions as to which is the best. My favorite prescription is a combination of bismuth, salicylate of soda, salol and, where indicated, some preparation of opium. I have had such uniform success with this that I have not tried very extensively any other. Probably naphthalin, salicylate of bismuth, and many others are good, as many of our authorities claim. I frequently combine small quantities of calomel with the first day or two's treatment if indicated.

It is a settled fact that fermentation is at the bottom of these disorders, and if carried out thoroughly these drugs will arrest this process.

A good plan to begin with is to clean out the bowels first with castor oil. There will occasionally be a case that will not digest the medicine, owing to the extreme irritation of the stomach, and in such cases the chances of success are very bad, but otherwise we can promise good results, as a rule, if proper feeding and medication are observed. It is in the interest of these little sufferers I write, and beg a fair chance for their life, by giving them the benefit of scientific treatment.

If this treatment is rigidly observed, in from twenty-four to forty-eight hours, all that offensive odor, tympanites, etc., will disappear, and then you have the case under control.

**Septic Infection of Uterine Mucosa.**—Dr. Charles W. Adams holds that other methods beside laparotomy are efficient in such cases. At the termination of a paper on this subject (St. Joseph *Med. Herald*) he says:

In conclusion, I hold that the following propositions can be maintained both from an anatomical, pathological and clinical standpoint, and is, therefore, the true conservative basis of gynecic surgery in these conditions:

1. The endometrium and musculature of the uterus, as well as its adnexæ, is richly supplied with lymph vessels, which, like its arteries and veins, form vast spread-out plexuses, freely anastomosing with each other.

2. The lymphatics of the uterus and its adnexæ, freely communicate with the peritoneum by means of open orifices or mouths.

3. Septic conditions of the uterine mucosa have three channels of reaching the peritoneum, viz: *a*. The Fallopian tubes. *b*. The lymphatics. *c*. The veins.

4. The first, as a rule, are early closed by plastic inflammation of the fimbriated extremity of the tubes. The veins only play a part during the puerperal period. The lymphatics alone remain open and are constant carriers of infection.

5. Diseased tubes, peritonitis and cellulitis causing abscess, agglutination, distortions and bands of adhesions in the female pelvis, are rarely, if ever, idiopathic, but always secondary to infection from the uterus.

6. When infection from the uterus has already brought about pathological changes, the diseased uterus and its membranes must first be cured before the removal of the appendages be attempted.

7. The removal of disease from the uterus and its membrane, by removing the only source of infection, will also frequently allow of the removal of the effects of infection, by appropriate treatment without operation.

**Carcinoma Organism Question.**—A brief resume of this is given by Dr. A. P. Ohlmacher (Chicago *Med. Rec.*) who states that it may be said that in the present aspect of the question of the parasitic organism of carcinoma:

1. That the microbic theory of the origin of cancer is wholly unsupported by experimental evidence.

2. That a characteristic and pathogenic animal microorganism has not yet been found.

3. That inoculation and cultivation experiments have thus far been negative.

4. That most of the peculiar inclusions of carcinoma are the results of cell degeneration or cell metamophosis, and are not characteristic of carcinoma.

5. That the hyperchromatosis and fertilization theories of Klebs and Macallum are too full of speculation.

**Perforating Purulent Peritonitis.**—A complete cure of general purulent peritonitis with perforation, generally considered as certainly fatal, was achieved by Dr. Routier, who opened the abdomen, allowing all the pus to escape and washing the cavity with an antiseptic solution which was freely used (*Ex.*). The wounds were not closed, but free drainage was secured

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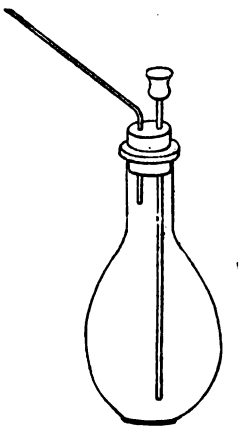
by means of strips of iodoform gauze. Two months after the operation the wounds were found to be completely healed, and the patient has suffered no inconvenience since.

**Simple Bottle Inhaler.**—Dr. W. Scheppegrell states (*Medical News*) that realizing the importance of medicated vapors in connection with the treatment of diseases of the lungs and respiratory passages, he has endeavored to devise an inhaler that, while effective, durable, and not likely to get out of order, could still be sold at a reasonable price.

It consists of a one-pint flask, closed by a rubber stopper having two perforations. In one of the perforations is passed a funnel tube to within a quarter of an inch of the bottom of the flask. Into the other perfora-



tion is passed another glass tube, one extremity of which extends an inch into the flask, the other extremity being bent at angle convenient for application.

For use, the flask is filled one-third with water or other diluent, warmed when advisable. The medicament, as tincture of iodine or eucalyptol, may then be dropped in sufficient proportion through the funnel tube. The patient then places the bent extremity of the tube in his mouth and inhales the air medicated by its passage through the solution in the flask.

**Seasonal Relations of Chorea and Rheumatism.**—An elaborate study on this subject has been made by Dr. Morris J. Lewis (*Am. Jour. Med. Sci.*), and the conclusions drawn from this paper are as follows:

1. The seasonal relationship of chorea and rheumatism is proven.

2. There is a marked resemblance in form between the chorea and rheumatism tracings and the tracing representing the total amount of sickness present in the community per month.

3. This monthly variation in amount of sickness is not a cause of the fluctuation in the chorea and rheumatism tracings, but is itself probable due to the same influence.

While over-study assuredly plays a most important role in predisposing children to chorea, the months of greatest study, and therefore presumably of the greatest depression of bodily vigor, do not coincide with, or even precede with any regularity, the months of greatest frequency of this disease.

5. It is more than probable that "weather" is one of the most important predisposing causes of both of the diseases studied in this paper, although precisely which meteorogical factor is the baneful one does not clearly appear. No one element of "weather" explains fully the fluctuations of these tracings for chorea, although in the barometer and storm statistice the relationship appears to be closer than to any other etiological factor or factors that have, as yet, been advanced.

It is as if a conclusion was attempted to be drawn from premises, some of which are imperfectly stated or not clearly understood, or possibly even overlooked.

6. Either this apparently close relationship must be acknowledged to have an important place in the etiology of these diseases, or else the resemblance must be considered to be purely accidental, which seems most unlikely from a study of the tables shown.

More accurate deductions do not appear possible from the data at present at our command.

**Paralysis of the Diaphragm.**—Paralysis of the diaphragm, fortunately a rare affection, is, in the opinion of some, a symptom which is frequently overlooked (*Ther. Gaz.*). Dr. Suckling has recently stated his belief that the cause of the great majority of sudden deaths after diphtheria is far more frequently paralysis of the diaphragm than syncope. He gives notes of three cases of diphtheria, all fatal, occurring in his practice during the past year, and in each of which the cause of death was diaphragmatic paralysis. The diagnosis was undoubted, for there was a clear history of diphtheria and paralysis of the legs. Phonation was very feeble, and the hypochondrium became depressed, instead of propelled forward, on the affected side during inspiration. The non-descent of the diaphragm could also be felt by the fingers placed under the ribs. The treatment employed is embodied in that of diphtheritic paralysis generally. Rest in bed was enforced from the first, and plenty of nourishing food was given. Iron and strychnine were employed in large doses. When the diaphragm began to fall, the patients were propped up in bed, so as to render its descent more easy. A mild faradic current was applied at intervals, and blistering fluid painted along the course of the phrenic nerve. Against this very gloomy record Dr. G. H. Cooke records his own experience of the affection, which is far more favorable. He quoted also the opinion of the late Professor Ross, of Manchester, that only a small percentage of such cases was fatal. Dr. Cooke's treatment of a case of diaphragmatic paralysis differs but little from that above noted, but he lays stress on the fact that strychnine, given hypodermically in small doses, seeems to have considerably more effect than much larger quantities taken internally, and in this opinion he agrees

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with most English and Continental observers. The risk of abscess formation is very slight if the needle and syringe employed be clean. Cleanliness, in a chemical and bacteriological sense, used formerly to be most difficult to obtain when the only packing for syringes was a dirty, ail-containing, and seldom renewed pair of leather washers. With the syringes now largely used in this country, made only of a combination of glass, metal, and asbestoes, all of which will stand boiling before and after use, there need not be the slightest risk of the production of local inflammatory mischief by hypodermic injections.

**Pulmonary Atelectasis.**—Dr. Albert Abrams regards this condition as a cause of anemia (*Times and Register*). He states that he knows of no more simple means of relieving the dyspnea of non-compensated valvular lesions under certain circumstances than by the inhalation of compressed air, the object being to dilate the collapsed areas of lung.

The following conclusions may be formulated:

1. Physiologtcal atelectasis of the lung is a frequent condition.

2. It may be readily diagnosed by the presence of circumscribed areas of lung dullness, which disappear after repeated forced inspirations.

3. Physiological atelectasis of the lung is frequently associated with anemia.

4. In all cases of anemia of obscure origin, examination for physiological atelectasis of the lung should be made.

5. Anemia, due to physiological atelectasis, may be cured after inflation of the lungs.

5. Forced voluntary inspirations are an excellent substitute for inhalations of pure oxygen, and are of great value in anemia from whatever cause.

**Expulsion of a Gall-Stone of Immense Size.**—The following is contributed by Dr. P. C. Williams to the Maryland *Medical Journal*: Early in March, in this year, I was called to see an old lady, 72 years old, who was suffering from an attack of cholera morbus, which was caused by imprudence in diet. The pain and diarrhea were soon relieved, but the vomiting was very obstinate. After a few days the old lady vomited fecal matter in great abundance. This led me to suspect intestinal obstruction, and after careful investigation I discovered in the ileo-cecal region a well-defined oval tumor, apparently about two inches in diameter. I inferred that this tumor was an intussusception of the bowels produced by the prolonged vomiting. On several occasions I had relieved cases of intussusception by the administration of large doses of chloral, and keeping the patients profoundly under its influence for thirty-six to forty-eight hours, during which time the constriction of the bowel became relaxed, and the intussusception relieved. Recalling these cases, I gave larger doses of chloral and morphia. The doses were promptly vomited. I then gave an enema of thirty grains of chloral and two drachms of fluid extract of senna every two hours. This produced profound sleep, and at the end of thirty-six hours my patient was relieved by the passage of an immense gall-stone per rectum. The stone was a smooth cylinder, one inch and five eighths long; with a diameter one inch and one eighth, and a circumference of three inches and five eighths. Both ends of the cylinder were smooth and spherical. After the passage of this stone the old lady rapidly recovered her health, and is now better than she has been for several years. This case and its fortunate termination was of great interest to me.

**Irrigation of the Peritoneal Cavity in Puerperal Sepsis.**—Dr. Edward P. Davis reports the following (*Ex.*): The patient, aged 23, had been confined outside the hospital, where she entered a few days later in a septic condition. Under vaginal douches of corrosive sublimate solution, followed by curetting and intra-uterine douching, the temperature fell to normal, but the fever soon recurred, with evidence of distinct septic infection. There were no physical signs of pus in the pelvis. The abdomen was opened, but no pus was found. The peritoneal cavity was irrigated with a three-tenths per cent sodium chloride and three-tenths per cent sodium bi-carbonate solution, four gallons of liquid, at a temperature of 110°, being used. This was followed by one gallon of boiled water. A drainage tube was used and, twenty-four hours later, the abdomen was again flushed through this tube. The tube was shortly afterward removed, and a strip of gauze was carried into the pelvis; this was soon removed and the patient rapidly recovered. The following was suggested as a rational treatment in puerperal sepsis: thorough disinfection of all puerperal ulcers with corrosive sublimate injections; turpentine stupes for pain; if fever and foul lochia are present, curetting and tamponing with iodoform gauze. Intra-uterine injections should be continued not longer than forty-eight hours. If there is no improvement, the abdomen should be opened and any foci of suppuration extirpated, or, if the general peritoneal cavity has begun to be involved, free irrigation should be practiced.

**Tuberculosis Among Indians.**—In a paper on diseases among Indians (*Med. Rec.*), Dr. A. B. Holder states that consumption and scrofula are the arch-enemies of Indian life; unlimited by tribe, latitude, or longitude, by altitude or humidity; just as they are known to all nations and all countries, so they find their victims in every tribe and stand between the Indian race and increase.

Of 1,453 deaths from all diseases in 1888, more than 900 were from diseases of the respiratory organs and scrofula. From consumption alone there were 541 deaths; that is, nearly forty per cent of all mortality was due to the single disease, consumption. This percentage, I think, was rather less than for other years

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(whose statistics are not at hand), since the winter of 1887-88 was exceptionally mild and favorable to consumptives.

A recent author who has made a special study of this disease, develops the figures that of the thirty five million deaths occurring annually upon the globe seven million are due to phthisis. This is twenty per cent. So, at the very safe rate of deaths from consumption among Indians given above, it is seen that the proportion caused by this disease is double the average for all races. In many tribes the proportion goes much beyond this, some physicians reporting fifty to seventy-five per cent of deaths from this cause. Of fifty seven deaths among the Indians of Crow Creek Agency, Dak., forty were from consumption, four from scrofula. Dr. Fred Treon, the physician, in a paper before the Dearborn County (Ind.) Medical Society, says that the yearly average is forty deaths from consumption in that tribe of 1,200 Indians. Its importance cannot de overestimated.

Probably in his primitive state of savagery, certainly in his present state of transition, the stamina of the Indian constitution is inferior to that of the white man. From due consideration of the matter my conclusions are: The physical changes consequent to civilization increase in equal proportion proneness to disease and resistance to disease. Concretely stated, the savage is less liable to become sick or be injured, but when sick or injured to the same degree, is more liable to die than a civilized man.

**Treatment of Habitual Abortion.**—Assa fetida has been recently recommended in cases of habitual abortion (*Lancet*). Dr. Tuazzo gives it in pills containing a grain and a half as soon as it becomes clear that a new pregnancy has commenced. At first only two pills are prescribed, but later on the number is gradually increased to ten daily. The treatment is continued until the labor is over, and then the daily dose is gradually diminished. By this method cases where as many as five successive abortions had occurred have been successfully treated, and where in one instance a miscarriage appeared to be imminent during the seventh month it was averted and the patient was delivered at full term.

**Professor John Marshall on the Brains of Men and Women.**—Mr. C. Roberts writes to the *British Medical Journal*: As the *Journal of Anatomy and Physiology* is not accessible to many of your readers, and Professor Marshall's paper on this subject in the current number is of a highly technical character, you would confer a favor by publishing the following paragraph, which contains the conclusions he formed from his exhaustive examination of the late Dr. Boyd's post-mortem weights and measurements of sane persons who died in one of the London workhouse in firmaries, and published many years ago.

"We are finally led to the conclusion," says Professor Marshall, "that although a woman, judged by her height of body alone, has less cerebral matter and judged by her weight of body alone, has more cerebral matter than man; yet, when both sexes are judged by an assumed common measure, which in each has reference to both these factors, their cerebral endowment is seen to be practically equal; so that the discrepancy which appears to exist in the cerebral ratio is thus fairly reconciled."

And further on he expresses the opinion (which women and short men are at liberty to dispute) that "the true explanation of the difference as to cerebral endownment and power between the sexes may possibly be once more remitted to the absolute rather than the relative amount of brain substance possessed by each; a brain mass of 1,000, even if associated with a large corporeal machine, being more vigorous and energetic as a mental organ than a brain mass of 909 associated even with a comparatively smaller body."

Professor Marshall concluded, from some data supplied by Dr. Boyd from the Somerset Asylum, that the brains of lunatics were relatively to the body heavier than those of sane persons; and we may, therefore, infer that weight of brain is not a criterion of the relative intellectual powers of the two sexes.

**Arsenic in Syphilis.**—The *Lancet-Clinic* says that Dr. H. Smith (*Norsk Magazin for Legevidenskaben*) a military physician, has obtained excellent results in a case of syphilis where mercury and the iodide of potash had been given in vain. The patient was a soldier, with various eruptions which belonged to the second period of the disease, with ulcerations of the hands, and feet, periostitis of the cranium, forearm and tibia, bone pains, etc. He took the iodide of potash and mercury twice, without results. Arsenic was then administered, when the symptoms rapidly ameliorated ("in a few days"), while the ulcerations and periostitic indurations disappeared.

**Treatment of Hyperidrosis.**—According to the *Times and Register* Brocq advises the following treatment:

1. Naphthol.—Apply twice daily a mixture of naphthol, 5 parts; glycerine, 10 parts; and alcohol, 100 parts; then powder with starch, pure or mixed with naphthol, with pads between the toes.

℞ Potassii permanganat., - - gr. xv.
Thymol., - - - - gr. v.
Aquæ destil., - - - - ʒiij.
M.

2. Wear soles made of paper felt or muslin, soaked in this solution and then dried. Change them every day, and powder with a preparation containing permanganate.

3. Salicylic acid, quinine, tannin, preparations of iron may all be employed, either dry or liquid.

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**Sarsaparilla.**—Says the *Popular Medical Monthly*: Sarsaprilla is a very innocent plant—innocent of even having effected a cure, and yet is a drug that herbalists and quacks delight in. "To purify the blood" is something that takes with the general public, and sarsaparilla is the drug herbalists conjure with, and by means of which they relieve people of a good deal of spare cash. Let any concoction be called a "blood mixture," and, provided it is not too nauseous, the lucky proprietor, if he can only advertise it, will soon make a fortune. Many of these mixtures are injurious, but if they are composed of sarsaprilla they are innocuous, perhaps they may even do so, just in the same way bread pills and Mattei's Green Electricities do good, and there is more to look at than in the latter—more for the money.

The pretty gilded cart from which the country yokel drinks his glass of sarsaprilla, lightens up the fair and sends many to their homes happy. We would not banish it if we could. There are many worse things drunk by town and country crowds.

Apart from the innocent delusion it does neither harm nor good. In ordinary doses it really has no action. It has been recommended for rheumatism, scrofulous affections and certain skin diseases, but it is seldom prescribed by the profession. Some of the lock hospitals use it in pint doses of the fluid extract. It is in such quantities said to assist the action of other remedies; perhaps, it would be difficult to say that it did not. Added to a solution of iodide of potassium and mercury it makes a pleasant mixture.

**Relation of Bacteria to Influenza.**—Dr. Henry Jackson in considering this question (Boston *Med. and Surg. Jour*), concludes as follows: We have the following facts which strongly suggest that influenza is an infectious disease:

1. Its appearance in epidemics; the manner in which it spreads from individual to individual.

2. The symptoms suggestive of some toxic influence.

3. Reduction of the general system and thereby induced susceptibility to disease.

4. A germ has been discovered which may be the cause of the disease.

With all due respect to the exhaustive and exhausting investigations of the scientific observers, I cannot but close my paper with a quotation from Mrs. Thrale's Journal. In allusion to the rage for scientific experimentation in 1811, she writes: "Never was Nature so put to the rack, and never, of course, was she made to tell so many lies."

May not this be as true now as it was eighty years ago?

**Dr. P. G. Trunnel,** a well-known physician and an ex-member of the School Board, of Louisville, Ky., was recently sued for divorce by his wife, who charges him with living in adultery with one Doda Chessuan. The suit has caused a sensation on account of the standing of Dr. and Mrs. Trunnel.

## San Francisco Letter.

Editor MEDICAL REVIEW.—A Model Emergency Hospital has been opened in the basement of the new City Hall in place of the so called receiving hospital which has been for so many years a seething disgrace to our municipality. The new quarters are fitted with all facilities necessary for the prompt treatment of emergency cases. The floors are of marble and the roof of corrugated iron, and if the walls had been of the same material as the floors instead of plaster we should have had a thoroughly aseptic institution which could be kept clean at the minimum of expense and labor. The operating room is a gem for San Francisco—with marble floor sloping to the center-lockers and shelves in the handiest places and lighted thoroughly with incandescent lamps and reflectors—in fact the whole place is lighted with electricity. There are three wards, with two private rooms attached to each all with windows opening on the City Hall Park cumbered with no furniture except the cots, a dressing case and light screens. In communication with it is the prison hospital with padded cells and wall paraphenalia necessary for the care of sick and vicious prisoners which is under the same medical supervision. One room is fitted as a sleeping room for the doctors and provision made that at least two shall sleep there at night. The name of the doctor on duty is painted on the office door, so in case of delay in attending to a case, the blame will be laid on the rightful shoulders. Three assistant surgeons who have heretofore served gratis have been re-appointed at salaries of $75 per month. We have a good police patrol in the city which has a right of way similar to the fire department, so in the future the unfortunate citizen who meets with an accident will receive prompt and efficient attention. I doubt if such a makeshift for a hospital as the old rookery could be found again in the whole country—a veritable "black hole," reeking with foul odors, underground, in cimmerian darkness, without a single window in the whole place, or the slightest attempt at ventilation save through the vile corridors of the City Jail. Into such a "hole in the earth" in the past, Caucasian and Negro, Mongolian and Indian, men and women; good, bad and indifferent, drunk, lame and lazy who have met with accident have been crowded pellmell.

The annual report of the Health Office has just been filed. The record shows a death rate of 20.94, which is a considerable increase over that of the preceding year, which is attributed to the prolonged epidemic of influenza during the winter months. The Health Officer

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suggests to the Supervisors a ward in the City and County Hospital set apart for indigents affected with contagious diseases.

The appointment of a sewerage commissioner.

The prohibition of the sale of impure milk and the appointing of a competent chemist to examine the daily supply.

The passing of an ordinance compelling street-car companies to fumigate their cars daily before beginning travel.

He also urges upon physicians and midwives the necessity of immediately reporting all births which come under their notice.

Superintendents of county hospitals appear to be getting hard knocks all along the line. It is reported that the axe will soon fall on Dr. Leferve, our Superintendent, and that Dr. Titus, at present of St. Luke's, will receive the appointment. The Superintendent of the Hospital in San Bernardino (one Dr. Keating, an eclectic), is also in hot water. At a meeting of the Supervisors in that County recently, J. Bidwell charged him with habitual drunkenness, with robbing the dead, and dying patients, and with gross negligence and immoral ity. Supervisor Victor supported the charges and added the additional one, that he kept a disorderly house. Of course, as Keating is an eclectic, we ought to throw stones, but we remember our County Hospital and that we live in glass houses, and we sigh and refrain.

S. J. H.

## Why Do We Need a Code of Ethics?

Editor MEDICAL REVIEW.—The next annual meeting of the American Association is to take action upon the Code, to revise and amend it.

There are some who are in favor of abolishing it altogether. This is their assigned reason: that educated gentlemen will know how to act without it. Doubtless educated gentlemen will try to do right. But unfortunately, all physicians are not educated gentlemen. And if they were, something more is needed. They must know and do what is best; best for the interests of all concerned, patients, physicians and the public.

The object of the Code of Ethics is to teach what is right, and what is best, in the varying circumstances of professional action.

What is right and best to be done in doubtful cases has been learned and is to be learned from the experience and conclusions of the wisest and best men in our profession during past years and generations. What is the right and best course to pursue in certain cases cannot always be determined *a priori* by an inexperienced man, even if never so well meaning. Experience is needed and thought is needed. Not having experience to guide him, he should be able to avail himself of the experience of others as well as their conclusions.

The object of the Code is to give their conclusions based upon such experience.

The Code stands in the same relation to professional conduct, that grammar does to language. A grammar does not fix a language in a certain form. In only shows what is the actual usage of the best users of the language: the best writers and speakers.

The Code is like a properly constructed fee-bill which is not to show what we ought to charge, but what we actually do charge. The Code is not to arbitrarily fix standards of right and wrong, of wise and unwise, action. It only formulates them. It shows what is the opinion and usage of the highest class of our number; what the wisest and best medical men have found by experience, observation and reflection to be right and just, and proper, and for the best good of all. It is purely an educational document.

Shall we abolish the Ten Commandments, the sermon on the Mount, and the golden rule because good men need no standard? It must be remembered that we are not all wise and good. Let us, I pray you, have the benefit of a Code of Ethics which is the embodiment of the wisdom and experience of the wisest and best.

The abolition of the Code will lead many to believe, not that the wise rules therein contained are thought to be not needed, but that they are not to be regarded.

I have never known the Old Code to hamper the free action of one who was trying to do right and act wisely.

Springfield, Mo. J. E. TEFFT, M.D.

## Combined Gynecological Operations.—

Dr. George M. Edebohls says (*Int. Jour. Surg.*) that combined gynecological operations may be divided into two general classes:

1. Combinations into which a laparotomy does not enter.

2. Combinations of which a laparotomy forms part.

The expert operator should be able to perform any required combination of operations of the first class within the time limits of safe anesthesia.

The same statement holds good of the combinations of operations of the second class into which a simple laparotomy entered. When a difficult laparotomy forms part of the combination, the patient's interests may occasionally be better served by operating at two sittings.

Examples of combinations of both classes were given from the author's practice. To cite but one example, the author has a number of times in cases of complete procidentia uteri, performed curettement, amputation of the cervix, anterior colpyrrhaphy, colpo-perineorrhaphy and ventrofixation of the uterus at one sitting, doing the five operations within seventy-five minutes.

As a result of his experience and success with plastic work, he considers total extirpation of the uterus for prolapsus justifiable only under very exceptionable conditions.

There is no excuse for a mortality in combined operations of the first class. The mortality of combinations into which a laparotomy entered will depend upon that of the special intra-abdominal operative interference required.

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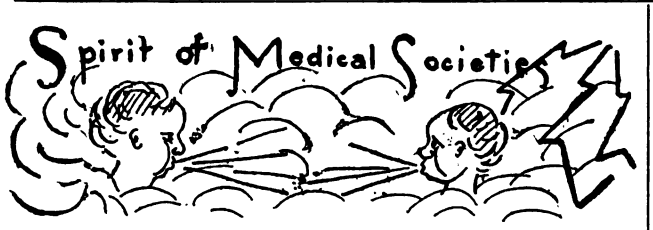


**Exploration of the Kidney for Renal Colic.**—Dr. Abbe presented to the Practitioners' Society of New York (*Med. Rec.*) a man who more than four years had suffered from attacks of renal colic which during their existence kept him from work. There was some blood in the urine. The symptoms pointed to calculus in the right kidney. Three weeks ago he made Koenig's incision, a curved incision in the loin over the kidney, the horns pointing upward and forward toward the rib. It was remarkable with what ease one could reach the kidney through an opening of this form, although, as in this case, there was considerable fat and the distance down to the organ was much greater than usual. The kidney was lifted, an incision made into its greater curvature until the pelvis could be explored, and the ureter probed down to the bladder. While the bleeding was greater on cutting into the cortex of the kidney than when one entered the pelvis of the organ through the fibrous structure, yet the hemorrhage could readily be stopped by pressure, and subsequently, owing to primary union, there would be no leakage of urine. Incision through the fibrous structure at the pelvis always left a fistulous tract. As was often the case, no stone was found in this instance, but calcareous papillæ were scraped away, and the man had been free from pain since.

The President remarked that this case was in his ward on the medical side of the hospital a week, and he could say that the relief had been very pronounced since the operation by Dr. Abbe, although no stone was found. He also stated that it was a very gratifying surprise to find how thoroughly the kidsey could be inspected, although situated so deeply, after it had once been reached by Koenig's form of incision.

**Dermatol in Surgery.**—At a meeting of the Medico-Chirurgical Academy, Azua (*Regista de Med. y Cir. Pract.*) gave an account of his experience of dermatol in surgical practice. Even when employed in large quantity he said it does no harm; applied to bloody surfaces it dries them in a wonderful manner; it stimulates granulations, and is particularly useful in skin affections, such as eczema, which are characterized by much discharge, and if dermatol is applied to wounds which have already begun to granulate, it greatly stimulates the process, and similarly in the case of soft chancre after the ulcers have been cleansed with antiseptic lotions, dermatol hastens repair, and brings about rapid and thorough healing. In diseases of the skin, Azua thinks that dermatol with its drying and astringent properties, its absolute harmlnssness, and the ease with which it can be used, may advantageously replace starch powder, oxide of zinc, etc. It it is also useful in affections of the female genitals.

**Treatment of Fractures of the Patella.**—M. Berger related to the Societe de Chirurgie the details of an operative procedure for procuring osseous union in fracture of the knee-cap. The subject of the operation was a little girl whose patella was fractured transversely, the upper fragment comprising four-fifths of the bone. The limb was put up in a plaster-of-Paris splint and maintained in a raised position. No union having taken place at the end of forty days, suture of the fragments was decided upon. Unfortunately, after the opposed surfaces of the parts had been pared, the lower and very diminutive piece broke into two unmanageable portions in the attempt to bore through it for the passage of the silver wire. M. Berger very ingeniously surrounded the difficulty by encircling the patella with a silver wire, which, after traversing the triceps tendon, at the level of its insertion into the bone, was taken along the sides of the bone and finally brought to the point of departure after having transfixed the ligamentum patellæ. The periosteum and the skin wound were then sutured, and the limb fixed in a gypsum apparatus. The results were admirable, all the joint movements being perfect and the union all that could be desired.

**Brain Surgery.**—At the Academie de Medicine, M. Poirier presented two patients who were both operated on successfully for intra-cranial lesions. The first, a boy, aged 14, shot himself in the left temple with a revolver; the same evening the skull was largely opened at the entry of the ball, a flow of blood and cephalo-rachidian liquid ran through the wound, and M. Poirier passing his finger into the lateral ventricle was able to feel the projectile, which he drew out with a hemostatic forceps. The boy made a rapid recovery. The second was that of a man, aged 32, who was suffering from Jacksonian epilepsy since 1883; the attacks occurred every fortnight. The brain was brought to view through a large hole made in the cranium by means of a mallet and chisel; the existence of a vascular tumor was immediately perceived and removed. The man had no attacks since the operation.

**Ulcers of the Leg.**—Dr. Sidney Gramshaw read a paper at the late meeting of the British Medical Association (*Med. Rec.*), on the treatment of chronic ulcers of the leg by a new method. In old varicose ulcers, Martin's rubber bandage was sometimes useful, but often failed, and it had the disadvantage of leaving the skin tender. The speaker's method was to cleanse the ulcer by hot water gruel applied personally for half an hour, and to make the patient repeat this frequently for three days. He then applied a solution of one drachm of nitrate of silver in four ounces of flexible collodion. This must be kept in the dark, and painted over the sur-

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face of the ulcer, and for one-third of an inch beyond. A piece of lint cut to the shape of the ulcer, but a little larger, should then be smeared with an ointment consisting of one part of prepared chalk to seven of spermaceti ointment. The gruel should still be applied and the ointment renewed daily. Cure generally resulted in one month. He had only had one failure. In very bad cases it might be necessary to repeat the application of the arsenic, or to use a stronger solution to begin with.

**Epicystomy.**—Prof. Weinlechner showed a patient, aged 74, who suffered from calculi in viscus for thirty years (*Med. and Surg. Rep.*). In 1880 Dummreicher undertook the operation of epicystomy owing to great enlargement of the prostate. Two stones weighing twenty six grams, urate in character, were successfully removed. Perfect healing took place in three weeks. The operator then remarked over the advantages of the operation for the bladder healing. The patient now returns, complaining of the stream intermitting, as if stone were present. No calculi are present but the assumption is that the trabecular sheath of the viscus falls up against the inlet of the catheter and checks the flow.

**Complicated Pott's Fracture.**—Dr. Stimson, who on two previous occasions had presented similar cases to the society, showed the New York Surgical Society (N. Y. *Med. Jour.*) a man, twenty-six years old. On February 23, last a barrel had fallen upon him, causing a Pott's fracture by forced fibular flexion of the ankle. The internal malleolus was broken off squarely at its base and rotated 90° on its anterior-posterior axis, so that its fractured surface faced inward. The displacement was corrected by operation six hours after the accident. There has been an uneventful convalescence, and at this date the form and function were good.

**Obstetrical Statistics.**—Dr. Sproul reports to the New Jersey Medical Socity (*Med. Rec.*) that he had commenced early to keep statistics of his cases, which now included 1,500 consecutive cases of labor at or near term. Vertex presentations, 1,435; breech, 58; shoulder, 7; placenta previa, 11; puerperal eclampsia, 6; puerperal fever, 2; still-births, 82; forceps, 138; version, 15; craniotomy, 0; rupture of uterus, 1; deaths, 7; excess of males, 199; excess of night deliveries, 132; hour-glass contraction, 2; rupture of perineum, 18.

The author would now use the forceps oftener to shorten labor and relieve suffering. He performed immediate perineorrhaphy. There were a few cases of deformity.

**Dr. Moritz Schmidt,** the well-known laryngologist of Frankfort-on-the-Main, who was one of the consultants summoned to the bedside of the late Emperor Frederick at San Remo in November, 1887, has had the honorary titled of "Professor" conferred upon him.

**Hematoporphyrinuria** is one of the polysyllabic additions to urinary pathology. Sobernheim is responsible for it.

**The Gaceta Medico-Farmaceutica de Nueva York,** is a new Spanish-American monthly which has just appeared in New York.

**La Cronica Medica,** of Lima, is not as fastidious as its cotemporaries in the States. Among its advertisements is that of some well-known American patent medicines.

**Sanitary Day.**—The Secretary of the Michigan State Board of Health, at a recent meeting (*Ex.*), presented the subject of "Sanitary Day," after the manner of Arbor Day, Labor Day, etc., which had been proposed in Pennsylvania, where it was designed to have a day set apart for general and special "cleaning up."

**The Neighborhood Syringe.**—A writer in the *Journal of Materia Medica*, says that, to use a political figure, the neighborhood syringe is a regular mugwump, and is in every party who may chance to want to douche or an enema. It would not take a microscope to find upon the nozzle of every household syringe several layers of gummy pus, mucus, blood, feces, urine, dirt, etc.

**A Permanent Home for the British Medical Association.**—At the annual dinner given during the recent meeting of this Association at Nottingham, Dr. Withers Moore, President of the Council, announced that the Council intended at no distant date to set aside the sum of £50,000 or £60,000 for the purchase of a site and the erection of suitable buildings in London, to serve as a permanent home for the Association.

**Dennis D. Redmond, F.R.C.S.I.,** a well-known Dublin practitioner, died not long since, after a short illness. He pursued his medical studies at the schools of Dublin, London, Paris and Vienna, and then commenced practice in his native city. He quickly made his way, and at the time of his death enjoyed an unusually large measure of success as an ophthalmic and aural surgeon. He occupied many public positions, being ophthalmic and aural surgeon at St. Vincent Hospital, examiner at the Royal University, lecturer on ophthalmology at the Catholic University, assistant surgeon to the National Eye and ear Infirmary, and member of the Council of the Ophthalmic Society, etc.

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**Dr. John C. Sundberg** has severed his connection with the Pacific *Medical Journal*. His co-editor Dr. Winslow Anderson will act as sole editor in the future.

**The American Gynecological Society** will hold its regular annual meeting in Booklyn, September 20, 21, and 22, 1892, under the Presidency of Dr. John Byrne.

**New Lunatic Hospital for Boston.**—The Board of Aldermen have concurred with the Common Council in appropriating $200,000 for a new lunatic hospital.

**The Board of Examiners** of the Medical Society of the State of California are now preparing for the publication of the Sixth Edition of the Official Register.

**Manly.**—We commend the New York *Medical Journal* for the following declaration of principles: We hold it to be the duty of a journal always to acknowledge an error that involves an unjustice, no matter what position of its own may thereby be vitiated. At all events, this is the course that this journal will always pursue.

**The Oldest Medical Student in France** recently sustained his thesis. He did this at the age of 59. He was a druggist who occupied several portions of honor among which was that of mayor of his natal city, Bourmont. He made his resolve to study medicine rather late in life, but he passed brilliant examinations and was a general favorite with the younger students.

**Long Fasts** are much older than the feats of Tanner and of Succi. In the reign of Pope Clement V, in 1306, a Frenchman in the pontifical service, made a pilgrimage to Jerusalem. Upon his return from the Holy Land, he ceased to eat. At least, no one saw him take any food. This faster, who pretended to have eaten nothing for two years, was considered a saint. Later on a revulsion of sentiment, as sudden as it was unexpected, led to his being accused of witchcraft and magic, and he was accordingly publicly whipped and exiled from Rome.

**A Lemonade Society.**—When the Little Rock Medical Society adjourned until fall, several members determined to continue to meet informally during the summer for the purpose of discussing the different phases of disease manifested during the heated term (*Jour. Ark. State Med. Soc.*). The doctors meet at the different physicians' offices, drink lemonade and eat cake, discuss cholera infantum, then repair to their respective domiciles and in too many instances—cuss cholera morbus—"cholera *morbissi*-mus," as one of the victims expressed his case.

**The American Electro-Therapeutic Association** will hold its second annual session at the Academy of Medicine, New York, October 4, 5, and 6, 1892. Dr. W. J. Morton, of New Pork, is President, and Dr. R. H. Bigelow, of Philadelphia, Secretary. There will be two interesting discussions, one upon "The Relative Feticidal value of the different Currents and their Application to Ectopic Gestation," to be discussed by many prominent gynecologists and electricians, and another upon "Cataphoresis and its Practical Application as a Therapeutic Measure." Dr. J. Mount Bleyer, will give an instructive lecture with demonstrations entitled, "The Phonograph and Microphonograph, the Principles Underlying Them and Their Uses in the Sciences."

In connection with the meeting, there will be an exhibition of modern medical electrical apparatus, all the prominent manufacturers being represented.

**The Medical Missionary.**—A Hindoo, jealous of the encroachments of Western civilization on his traditional beliefs, when asked, "Which of all the methods of that civilization do you fear the most?" naturally enough evaded the question (*Med. Rec.*), remarking, "Why should I put weapons in the hands of an enemy?" At last he said, "We do not greatly fear the missionary schools, for we need not send our children. Nor do we fear their books, for we need not read them; nor their preaching, for we need not listen to it. But we dread the doctors and the women. The doctors are winning our hearts and the women our homes; and when our hearts and homes are won, what is there left for us?" It is, in truth, with the advent of the medical man and the trained nurse that progress has been made in the reclamation of the backward Oriental, and the annals of missionary enterprise would lose half, and more than half, of their practical interest if these two factors of their work were omitted from the record.

**London Hospitals.**—There are nineteen general hospitals in London (*The Sun*). Eleven of them have medical schools attached, and three, St. Bartholomew's, St. Thomas's, and Guy's, are endowed. The first of these is the wealthiest and most ancient, having been founded in 1122. It net revenue in 1889 was $350,000. It owns houses in London and has a'so about 13,000 acres of land in various counties. St. Thomas's was founded in 1207, and has a revenue of about $220,000. Guy's has a revenue of about $130,000. The London Hospital in Whitechapel Road, with accommodations for 776 patients, is the largest in the metropolis. It treats annually also about one hundred thousand outpatients, besides trivial cases not registered. The total number of beds in the general and special hospitals in London is 8,500, of which 6,500 are in constant use. The poor-law infirmaries and the sick wards of the workhouses furnish 14,000 beds, and the Metropolitan Asylum Board has 3,500 for infectious cases, the average number in use being less than 1,000.

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**The Medical Society, of Virginia,** will convene for the 23d annual session at Alleghany Springs, Montgomery Co. Virginia, September 13, 1892.

**Medicine in Algeria.**—A committee has been formed at Algiers for the study of medical questions such as medical and surgical geography, syphilography, gynecology, hydrology, flora and fanna, and public assistance in their relation to the climatic and social conditions of the colony. The object proposed to themselves by the committee is not so much the codification of a system of medicine specially adapted to Algeria, as the collection of a body of facts on which definite conclusions as to etiology, treatment, and prophylaxis may be based.

**Hygeia at the World's Fair.**—One of the most popular and proper acts of the World's Fair Commissioners has been to sign a contract with the Waukesha Hygeia Mineral Springs Co., of Chicago, granting to them the concession of supplying the thirty millions who will visit the Fair with Hygeia Water, "clear as a crystal and sparkling as a diamond." This water will be piped in a glass lined conduit, 104 miles from the famous Hygeia Springs of Waukesha, Wis., to and through the World's Fair grounds. This is ample insurance to the visitors to the World's Fair, that a refreshing and pure drinking water will be furnished them.

**Dr. Thomas R. Thornton,** of Lee's Summit, Mo., has been sued for $10,000 damages for alleged malpractice. The plaintiff is a worthless, drunken, shiftless vagabond, who is irresponsible financially, and socially has no standing. As to the defendant, the Lee's Summit *Journal* says the following which we can endorse: The medical Faculty hereabout indorse Dr. Thornton's attainments as a physician and surgeon. His fellow citizens place implicit confidence in him as a man of integrity and honor, and if Russell is playing around for a big slice of money to come from an honest jury, it shows he has a very poor opinion of justice, and expects to make a mockery of facts.

**"Colonies" of Lunatics in France.**—The "family" system of treating lunatics which has been so successfully carried out in Belgium, at Gheel, and more recently at Lierneux, and also in Scotland and in the United States, has not till quite lately found favor in France. At the instigation of M. Charles Fere, however, the General Council of the Seine Department instituted in 1891 an inquiry on the subject. As the result of this inquiry the Council, at a meeting held on July 12, adopted a report presented by M. Deschamps, in which a proposal was made that a first "family colony" of 100 patients suffering from senile dementia, and belonging exclusively to the category of harmless lunatics, shall be established at Dun-sur-Auron in the Cher Department.

**The Microscope and a Hair.**—Two different men were suspected of making an assault but no proofs were forthcoming. A single hair which was found on the clothes of the victim finally became the clue to the mystery (*Microscope*). The hair was photomicrographed and compared with photomicrographs of the beard and hair of each suspect. There was entire lack of similarity and the case was about to be abandoned. The hair was pointed and had never been cut. Other facts pointed to its belonging to a smooth-haired and comparatively short haired dog. Inquiry revealed the fact that one of the suspects owned such a dog. A fresh hair agreed in every respect with the specimen. The owner of the dog could not explain away the facts and was convicted. He also confessed to have committed the assault.

**The St. Louis Exposition** is a feature not only of the city wherein it is located. but of the entire country as well. It is the only annual exposition which has proven a success both financially and as an exhibition. All tastes can be suited and pleased from the devotee to mechanism who will find a practical exemplification of the most recent progress in that art, to the art critic whose soul will be delighted by the large and varied collection of paintings by the leading artists of the world. Gilmore and his army of musical artists delight the vast throngs who, four times daily, listen to his concerts. The opening, September 7, was characterized by an enormous attendance and the indications are that this will continue during the entire forty days it lasts. Any one living in St. Louis or coming there, who has not yet been to the "Expo." is looked upon as a curiosity. Lack of space forbids our giving the special Gilmore programme in this issue, but we will allude to it in the near future.

**Colleges in America** requiring four or more years of study and four or more terms of lectures as conditions of graduation: Chicago Medical College, Medical School, Northwestern University, Chicago, Ill.; Harvard University Medical School, Boston, Mass.; Boston University of Medicine, Boston, Mass.; Department of Medicine and Surgery, University of Michigan, Ann Arbor, Mich.; Homeopathic Medical College, University of Michigan, Ann Arbor, Mich.; Leonard Medical School, Raleigh, N. C.; Medical University, Faculty of Medicine, Montreal, Quebec; University of Toronto, Faculty of Medicine, Toronto, Ont.; Ecole de Medicine et de Chirurgie, Montreal, Quebec; Trinity Medical College, Toronto, Ont.; Laval University, Medical Departments, Quebec and Montreal, Quebec; Royal College of Physicians and Surgeons, Kingston, Ont.; Halifax Medical College, Halifax, N. S.; Dalhousie University, Faculty of Medicine, Halifax, N. S.; University of Bishop's College, Faculty of Medicine, Montreal, Quebec; Medical Department of Western University, London, Ont.; Woman's Medical College, Toronto, Ont.; Women's Medical College, Kingston, Ont.; Manitoba Medical College, Winnepeg, Man.

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**Free Keeleyism.**—A free institution for the practice of "Keeleyism" has been established in New York. We predict its early failure, simply because the besotted, rum-soaked creature whose redemption is attempted, really has no desire to reform, and is utterly lost to moral suasion—the most powerful factor in the treatment of such patients.

**A Rise in Antiseptics.**—In consequence of the preparations for combating a possible outbreak of cholera in Germany, the prices of disinfecting substances have risen quite materially. Crude carbolic acid has risen 50 per cent, chloride of lime 10 per cent, perchloride of mercury, 50 per cent, and permanganate of potassium about 10 per cent.

**The Alumni Association** of the College of Physicians and Surgeons of New York, offer a Cartwright prize of $400, to be awarded in June, 1893. This prize is open to universal competition, and essayists may select any subject connected with the science of medicine. Original investigations are, however, demanded of the competitors.

**Dr. Benjamin W. McCready,** Emeritus Professor of *Materia Medica* of Bellevue Hospital Medical College, died in New York City, on Wednesday the 10th inst. He was one of the senior graduates of old Barclay Street School, being of the class of 1835. He was over half a century in practice, leaving behind the record of a useful and honorable career.

**In an Altercation** over the payment of a bill, Dr. C. J. Levy, of Chicogo, shot a carpenter by the name of Horner but only after he had been abused and attacked. Sympathy seems to be with the physician, who is at liberty on a $10,000 bail bond. Horne was was removed to the Micheal Reese Hospital in a desperate condition, but his recovery is probable.

**Dr. Milton F. Coe,** of Chicago, died August 13, of typhoid fever, after a short illness. He was a graduate of the Colleges of P. and S., where he lectured on diseases of children, and was attending physician to the South Side Free Dispensary. As a man and physi cian he had few equals for integrity and thorough kindness. He was thirty years old and leaves a widow and one son.

**The Medical Faculty** of the University of Pennsylvania announces that the compulsory four-years course goes into operation with the next session, beginning October 2, 1893, and as the desire has been expressed by some students to avail themselves of such a course at once, it has been decided to offer the opportunity of a full four years graded course to those who desire it with the opening of the next session, beginning October 3, 1892. The Faculty also announces that Professor Tyson having resigned the position of Dean, Prof. John Marshall has been chosen to succeed him.

**Electrical Execution** seems to be a success. An exchange states that another electrocutive experiment has been successfully carried out in New York State. The period of contact was thirty-seven seconds; ten, eight, and seven seconds respectively, for four applications. There was no burning of the flesh and no great muscular contraction during the contact. There were no disfigurements found after death as a result of the contact of the electrodes.

**Hydrophobia in Massachusetts.**—Some alarm has been aroused among timid people in Eastern Massachusetts by the published accounts of numerous cases of rabies, and the newspapers began to talk of an "epidemic of that dread disease." Most of the cases reported, however, were spurious, and the State Board of Health declares that there have been but a little over one hundred deaths from hydrophobia in Massachusetts in the last half-century.

**Longevity Among Indians.**—From a recent census report on the Six Nations in New York State, we learn that, among the 5,239 still remaining on the reservations, the enumerators found 6 persons over 90 years of age; 26 between 80 and 90, 64 between 70 and 80, and 193 between 60 and 70 years. The age of Governor Blacksnake, who died on the Alleghany reservation in 1859, was variously and extravagantly estimated at from 117 to 180 years. There is no doubt, however, that he was over 100 years old.

**The Illinois State Board of Health** has sent out a circular letter regarding the increase of smallpox in this country, urging vaccination and re-vaccination, and offering to supply reliable vaccine matter at a very small cost, or gratuitously if necessary. It is to be hoped that the profession generally will regard the timely warning of the board and urges the importance of this truly preventive measure upon all and especially upon school authorities and employers. Nearly every large city except Chicago has numerous cases, and in some parts of this country and Canada small pox is epidemic.

**During the Quarter** ending June 30, 1892, there was received in the secretary's office of the Illinois State Board of Health 311 applications for the State certificate entitling to practice medicine and surgery in Illinois; 295 such certificates were issued to graduates of medical colleges, to 3 upon examination, and duplicates to replace two destroyed by fire. Ten per cent of these applicants were rejected; of these 15 were from graduates, 13 from applicants for examination, and 3 had made application for itinerant licenses. There were also issued during the quarter 50 certificates to midwives; 49 on examination and 1 duplicate. Of the 49 midwives examined 35 were graduates of recognized schools. Certificates were refused to 9 applicants on failure to pass the required examination.

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**Edema** of the lower lid and a greyish pale, or waxy color of the skin indicate the existence of granular degeneration of the kidney.

**The Gazette Medicale de Strasbourg**, which numbers such men as Sedillot and Schutzenberger among its founders, recently completed its 50th year of existence.

**Small-Pox at Leeds.**—Considerable alarm prevails at the continued extension of the outbreak of small pox at Leeds. The number of patients is gradually increasing.

**Dr. Theodor Engelbrecht,** formerly Professor of Physiology in the Surgical and Anatomical School at Brunswick and a well-known authority on pomology, died August 4th.

**The Professorial College** of the Medical Faculty of the University of Vienna has unanimously recommended Professor von Krafft-Ebing for the Chair of Psychiary, in succession to the late Professor Meynert.

**The Number of Students** in the University of Greifswald during the past summer semester was 825, of whom 394 belong to the medical faculty. At Tuebingen 236 out of a total of 1,334 *in statu pupillari* were students of medicine.

**Drunkenness in England and Wales in 1891.**—The conviction for drunkenness in England and Wales, for the year ended December, 1891, have been published in the form of a Parliamentary Return. This is with regard to a population of 20,001,018. The Sunday drunkenness shows 15,448 convictions; the other days of the week 153,551 convictions.

**Southern Surgical and Gynecological Association.**—By order of the Council, the annual meeting of the Association has been postponed from the 8th, 9th and 10th, until the 15th, 16th and 17th of November. It was thought wise to change the time of the meeting from the fact that the 8th of November is the Presidential election. Everything points to a very successful session.

**The Prosecution of Medical Quacks** has been continued with unabated vigor for some months past in Sydney, Australia. The latest who has fallen a victim is "Professor" De Wayne, an abortionist, who has been convicted of causing the death of one of his patients (*Bull. Phar.*) and who has received sentences of five years each on two counts and eight years on a third. The "professor" had announced that as soon as the trial was over he would return to San Francisco, from whence he gave out that he came. However, his friends across the water will learn that he has been unavoidably detained.

**Dr. Grana,** a Spanish physician, according to foreign papers, has found a cure for diphtheria which he claims never fails. The Queen Regent of Spain is reported to be greatly interested in the discovery.

**Small-Pox** is prevailing in Victoria B. C., and all the ports on the Puget Sound have established stringent vuarantine and regulations. Cases of the disease have also been reported in Whatcom and Seattle, in United States territory.

**A Semmelweiss Memorial.**—It is proposed to establish an international memorial in honor of Semmelweiss, who in 1847 recognized the infectiousness of puerperal fever, and adopted practical measures that led to a decided reduction in the mortality from this source.

**Ophthalmia** in workhouse schools is often a disease difficult to deal with satisfactorily. In Liverpool it appears some difference of opinion has arisen as to the expediency of admitting to an industrial school children suffering in a slight degree from affections of the lids.

**Glanders.**—Last week glanders was discovered among the horses of the Third Avenue Railroad Company, New York and the veterinary surgeon of the Board of Health has been kept busy inspecting the 1,700 horses belonging to the line. In two days 19 horses were killed on account of the disease.

**The Tantah Fair,** the largest held in Fgypt, began on Friday, August 12th, and continued for a fortnight. There are grave doubts whether the Government has acted wisely in allowing it this year on account of the cholera, and the pilgrims who are returning from Hedjaz. Enormous crowds will be sure to assemble, and the sanitation of the place is very imperfect.

**Italy** for the first time in its existence, now has an adequate and modern Pharmacopeia. It was about six years ago that the resolution was taken to compile a book which should replace the many obsolete and private formularies which were in use, but not until 1888 did the matter take definite shaps, or assume a form which was hopeful of completion, and every year since we have heard that the book was ready for publication.

**The Dentists** of Sydney, Australia, have formally inaugurated a Dental Society, with Alfred Burne, D. D. S. as President. This Society has determined to set itself the task of establishing a dental hospital and school, to appoint lecturers, publish a journal and petition Parliament for legislative enactment for the protection both of the profession and the public. The Medical Congress has also accorded a formal recognition to this new society.

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**Professor Lassar's** Clinic for Diseases of the Skin in Berlin has recently been considerably enlarged and improved. It now contains a lecture room, seating 100 students, besides the fullest provision for clinical and laboratory work. There is also a fine installation of baths and a collection of wax models of typical skin diseases, to which there is *nil simile aut secundum* in Germany.

**Salol in Cholera.**—Every day brings new remedies against cholera. In the *Deutsche Medizinische Wochenschrift* Dr. W. Loewenthal recommends the use of salol. He has made many experiments on animals, and lately the remedy has been tried in a cholera epidemic on the Phillipine Islands, where, as Dr. Loewenthal alleges, the results have been surprisingly good, of 53 cases only 3 ended fatally.

**The North Wales Medical Association.**—The annual meeting of this Association was held at Barmouth on the 10th inst., and the usual elections were proceeded with. Dr. John Roberts, J. P., was chosen as president for the ensuing year, Mr. S. Griffith was re-elected treasurer, and Dr. Jones Morris honorary secretary. After reading of the papers the members of the Society dined together.

**Oldest Herbarium in the World.**—There is in the Egyptologist Museum at Cairo an inconspicuous collection of dried or artistically prepared parts of plants, which on more grounds than one is of unusual interest. In the first place, this collection constitutes the oldest herbarium in the world; it was collected from old Egyptian graves, and, at the suggestion of the former director of the museum, Maspero, they were sub mitted to the well known botanist and explorer, Dr. George Schweinfurth, for a thorough investigation.

**Hahnemannian Treatment and Prevention of Cholera.**—According to the Pacific *Medical Journal*, a dazzling Hahnemannian luminary states in one of our dailies that camphor is a specific for cholera, the mortality at Naples in 1884, under the camphor treatment, being only 0.15 of one per cent (truly wonderful!), whereas under "allopathic" treatment the mortality was over fifty per cent. No doubt the 998½ per mille recoveries were cases of homeopathic cholera. As a sure and safe—certainly safe—prophylactic measure against the Asiatic scourge it is recommended to either wear a copper plate next to the skin, it having been ascertained that copper miners and other workers in copper or brass are immune, or else to put half a teaspoonful of milk of sulphur into each stocking and go about one's business.

This is both easier and cheaper than to procure pure drinking water and enforce cleanliness in other respects, and as it is said to never fail, there will be no need of further investigation of the nature of cholera, for the only practical object of such investigation is to find the means of prevention or cure?

**Sun Burn Lotion.**—

℞ Tinct. benzoin., - - - - - ℥ij.
Aquæ rosæ, - - - - - ℥ij.
Glycerini, - - - - - - ℥ij.
M.

This forms a very soothing and healing lotion for sun burn.

**For Itching.**—The following is given in the *Lancet-Clinic*:

℞ Resorcin, - - - - - - gr.v.
Glycerine, - - - - - - ℥j.
Water, - - - - - - - ℥j.
M.

Sig. Take three times a day. Made stronger it may also be used as a lotion.

**Buck's Burn Mixture.**—The following is the formula given in the *Doctor's Weekly*:

℞ Tragacanthæ pulv., - - - ℥ij.
Acaciæ pulv., - - - ℥iv.
Syrupi fusci,
Aquæ bullientis, - - aa ℥xvj.
M.

Mix the tragacanth and acacia with the molasses to a homogeneous paste, then add the boiling water under constant stirring.

**Toothache.**—The following is recommended (*Nouveaux Remedes*):

℞ Creasot.,
Tinct. menth. pip. ether.,
Ol. camphor., - - - aa gtt.ij.
Ol. caryophyll., - - - gtt.v.
Cocain., - - - - - gr.ij½.
Chloroform, - - - - q. s.
M. Fiat pasta.
Sig. Place in cavity.

**Cholera Mixture of the British Army.**—

℞ Ol. anisi,
Ol. cajeput.,
Ol. juniperi, - - - - aa ℥iij.
Etheris, - - - - - - ℥j.
Liq. acid Haller, - - - ℥j.
Tinct. cinnam., - - - - ℥iv.
M.

Sig. Ten to fifteen drops in a tablespoonful of water every quarter of an hour.

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**A German Physician** has discovered the measles bacillus. Science has at last come to the scratch.

**Fatal to Dolls.**—Aunty—Where is that pretty doll you had when I was here last?

Little Girl—It's gone—died of the grip.

"The grip, eh?"

"Yes'm—baby's grip."

**Thunder and Lightning.**—"So you have twins at your house, Johnnie."

"Yes'm, two of 'em."

"What have you named them?"

"Thunder and Lightning, ma'am."

"What very singular names."

"Yes'm, that's what pa called 'em as soon as the doctor brought 'em."

**Mr. Skinnphlint** had been walking the floor with his hand on his jaw for about four hours.

"Why don't you have it pulled?" inquired his wife.

"Have it pulled!" he roared. "Martha Ann, that tooth cost me a $2 bill less than a year ago for filling. Reckon I'm going to throw that money away and half a dollar more on top of it? Not much! Ache away, gosh ding ye! Ache away!"

And Mr. Skinnphlint resumed his walk.

**Suspicious.**—"Look here," sasd the rural guest of the swell hotel, to the clerk; "I want you to read this bill of fare over to me."

"Certainly," and the clerk repeated the names of the French dishes with the same ease and celerity with which he would have recited a time-table.

"Now, I want you to tell me where the nearest doctor's office is."

"Sick, sir?"

"No; but I want to find out whether these things are half as hard to digest as they are to pronounce."

**Virtue Unrewarded.**—Eminent Physician (unfolding morning paper)—I wonder if my address before the Wiseacres Medical Society denouncing advertising doctors has been printed? Hum—no, I don't see it. Oh, yes, here it is. Why, confound the blankety-blank reporte!

Loving Wife—What's the matter, dear?

Great Physician—Why, they haven't said that my specialty is throat and lung diseases, that I am at the very top of the profession, and they've omitted to give my office address and hours, and the number of my telephone. I gave them all that information, but the way they've printed my address won't be of the slightest benefit to me.

**Dr. J. W. O'Conner,** Chief Surgeon of the Denver & Rio Grande Railway, has returned from his visit abroad and assumed his usual duties.

**Dr. E. M. Carpenter,** House Surgeon of the Union Pacific Hospital, Denver, Colo., has been transferred to headquarters at Omaha, and will be assistant to Chief Surgeon Dr. Galbraith.

**The Great Work** of tunneling under the city of Baltimore for the belt line in which the Baltimore & Ohio company is energetically engaged has been seriously delayed by quicksands and springs that have undermined the ground and caused parts of the tunnel and a number of buildings over it to settle so as to require reconstruction.

**The Chicago, Milwaukee & St. Paul Railway** have recently placed in service between St. Paul and Minneapolis and Chicago, the new sleeping cars built by the Barney & Smith Manufacturing Company. The cars are handsome, simple rather than ornate in interior finish. An attractive novelty in the decoration is the covering of the seats in the drawing rooms, which is of drab or dove-colored broad cloth. The color may be too delicate to wear well, but it is effective and, at this season, invitingly cool-looking.

**The Senate** failed to pass the house bill (*Railway Age*) making the use of automatic brakes and couplers compulsory upon the railways, many of the senators being impressed with the conviction that the financial burden which such a requirement would impose would be greater than many of the railway companies could endure. The bill will doubtless come up again next winter, but meanwhile the companies will continue as rapidly as possible the adoption of safety appliances, and by that time there may be further light as to the best way in which to secure the desired uniformity.

**A Dispatch** asserts that work has been commenced on the construction of the Chicago & St. Louis Electric Railroad at Edinburg, Christian County, Ill., and the President says that "the building of the road will be pushed rapidly and that it will be in operation in a few months, as most of the right of way has been secured and much of the preliminary work done." The construction of an air line railway 280 miles or so long "in a few months" is a feat easily performed on paper (*Railway Age*), but we apprehend that those who expect to see the "Chicago & St. Louis Electric Railway" built in that period, or in the present decade, will be sadly disappointed.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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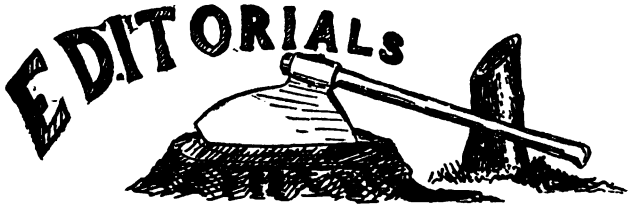


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## The Danger of Cholera.

As all our readers are aware Asiatic cholera has ravaged and is still ravaging Russia. It has commenced to travel in a westerly direction with a rapidity that is simply incredible. Austria and Germany have already felt the fatal influence of the dread malady. It has invaded France and Italy to a degree which is alarming and England has not entirely escaped. Neither sea nor land can form an effective barrier to the relentless pest and our national quarantines are holding vessels which are flying the yellow flag at the main mast. Canada has a man-of-war patrolling its ports of entry to keep out the dreaded scourge. Looking at the entire matter as dispassionately as we will, we cannot deny the existence of a real danger which threatens us. We do not desire to play the role of alarmist, but we cannot ignore the full danger of a disease which has been brought to our doors.

One of the numerous problems which the health authorities of our Eastern sea-board especially have had to grapple with is an efficient method of keeping cholera out of this country. Quarantine and disinfection are the only means which can be employed and the more thorough these are the less danger will there be. Still, it will hardly be denied by any one that, no matter how strict the authorities are, no matter how vigilant those in charge may be, cases will find their way to the interior and each one may become a focus for the development and spread of an epidemic. We have already had a few sporadic cases, if we are to place any reliance upon the newspapers. Prompt and energetic measures were adopted and no danger is apprehended from these. Yet, it is difficult to predict what a day may bring forth and a relaxation of vigilance would not only be gross negligence but criminal carelessness.

What is the best means of averting an epidemic of cholera? is the all-absorbing question now. It is not, how can we cure the disease; but rather how can we prevent its development. The answer is simple; it lies in one word—cleanliness. To secure this condition is more difficult and the difficulty is increased by the factor of cost. We hear of the preliminaries in sanitation which are being made in various cities. These consist, mainly, in inspecting streets and alleys, cleaning them wherever necessary, preventing the accumulation of garbage, and flushing sewers. These are certainly valuable measures to adopt and cannot fail of doing some good. But are they adequate? Will such measures prevent the occurrence of an epidemic? We doubt it very much and when we state our reasons, we think that the grounds for our doubts will be considered forcible enough to deserve some attention at the hands of those who believe in *thorough* sanitation.

We will not allude to natural disadvantages which are difficult to overcome, such as the Chicago River at Chicago, or the Potomac flats near Washington. These are really conditions requiring herculean efforts to overcome. What we desire to call attention to is individual and house sanitation. Filth is undoubtedly one of the best breeders of epidemics of all kinds. Personal uncleanliness not only promotes the existence of an epidemic disease but it constitutes a dangerous carrier out side of the individual. So far as house sanitation is concerned, we have a serious problem to face. Unsanitary dwellings, such as crowded tenement houses, are for the most part reeking masses of filth and squalor. Dirt and vermin abound and filth of the most putrescent kind exists in abundance. Putrefaction assails us at every turn

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and added to this the crowding and huddling together of the inmates make a combination the most favorable for the spread of any contagious or infectious disease. These, however, are not the only habitations which are dangerous. Many dwellings, of a respectable appearance, could not pass a cursory inspection were they subjected to it. They have cellars and outhouses which, in but too many instances, are a disgrace to decency and civilization. We have personally become cognizant of this fact. The cellars and outhouses are made the receptacles of all the filthy and roiled objects and articles which the servants or masters wish to dispose of hurriedly. In addition to this, dead rats and other vermin, and sometimes garbage may be found in these localities. Added to this the material due to burst waste-pipes from sinks and water closets and we have a combination which should certainly prove of the best to not only keep up an epidemic but even engender it.

It is for these reasons that keeping streets, alleys, and sewers is not sufficient. To keep a city clean it is absolutely necessary for the houses to be placed in the same condition, and for this purpose, the enforcement of measures should be adopted whereby each individual would attend to his own premises. Those who would most readily obey such orders do not need them. They do these things without being told. Those who need compulsion will refuse, and it is only punishment for a refusal to comply that would induce them to do so. It is certainly a question as to whether any corporation has a legal right to do anything of the kind. It it does not possess it, it is certainly one of those anomalous conditions where the right of the individual is a constant menace to the welfare of the community.

It may be urged that so much care is not necessary, nor are the conditions so urgent as to demand such radical measures. As we have already stated we are no alarmists, but we know from past experience that cholera follows lines of travel. Once let it gain ever so small a foothold anywhere and its spread is rapid. Not only do the infected individuals constitute foci, but the very means used in transporting them become infected, as well as their fellow-passengers, who in turn innocently become carriers of the dangerous disease.

Again, we are told that as soon as cold weather comes back all danger will have passed. This is simply a gratuitous assertion. It is most probable that cholera will not be epidemic this year; but, as soon as warm weather is ushered in next year, a cholera epidemic is liable to develop unless sanitary precautions have been taken to avert such a contingency. We have the possibility of a future epidemic threatening us as much as an immediate one and nothing but constant vigilance and a determined effort will word it off. Europe is suffering at present and in some cities cholera rages as fiercely as if no such a thing as modern sanitation existed.

Our National Quarantine is the best means which we possess to prevent a cholera invasion in 1893. Upon the thoroughness of its officers and measures does the safety of the country depend. It is also largely dependent upon placing the proper restrictions on the immense immigration which is yearly increasing. This country has become an enormous dumping ground for all the lower classes of Europeans and, as a natural consequence, we acquire their diseases with them. We have offered them an asylum and they have unwittingly brought us the very troubles they sought to avoid.

The danger of a cholera invasion is constantly with us now. It is a real and a palpable danger. It is one difficult to cope with when developed. It is one which we should avert and, as medical men, it is the individual duty of each one to do everything in his power to proffer assistance in the way of proper advice as to sanitation, cleanliness, and all those measures which will tend to render conditions such as to avert an epidemic of cholera.

**Sanitation** is, without doubt, the bulwark of a people so far as its freedom from disease, and longevity are concerned. Dr. J. W. Exline remarks (Denver *Medical Times*): To my mind, ideal sanitation embraces that state of environment where all the conditions taken together tend to the largest totality of quality and length of life. Now I believe, with an untrammeled ethical foundation from which to start, civilization and culture will eventually evolve this ideal state of man. Anyone can realize that it is sometimes needful to insist upon certain limitations and restrictions, and that the interest of the few must be subordinated to the welfare of the many. It is equally apparent, on the other hand, that neither the interest of the individual nor the race could long be subserved if extreme altruism was taken as the standard of conduct. But whils men recognize these truths, there is evidently a deeper spring to motive and underlying incentive to conduct than all these. Much of the prejudice and opposition to sanitary measures comes from another source. You may convince a man that certain means tend to health and longevity; that a course of conduct is right, which in its totality conduces to the largest amount of happiness; but from moral bias, he questions the wisdom of following your suggestions, and so long as self-abnegation is regarded the highest virtue, and suffering a necessary means to an ultimate end, he cannot unreservedly obey your simplest mandates.

**A Poor Time for Criticism** is when we are in the midst of danger. As the *Medical Record* very temperately puts it: A press despatch from New Orleans credits a former president of the Louisiana State Board of Health with some very injudicious as well as, in part at least, unfounded utterances in disparagement of quarantine on the Atlantic Coast. Among other things he is reported to have said:

"As for New York and other ports along the Atlantic seaboard, excepting Charleston, their methods and equipments are wofully inadequate to their necessities. They are, in fact, as revealed by this emergency, mere political office-rewarding stations, whose methods are a

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perfunctory make believe to hoodwink the public with a show of importance, while in fact they lack every essential of scientific requirement and trustworthiness."

This statement is so misleading, and so malicious as well, that we are inclined to believe the gentleman in New Orleans has been incorrectly reported. But whether he has or not, the present is not the time to excite distrust and suspicion of those charged with the defence of our country against this foreign invasion. A very grave danger threatens us, and it is the duty of everyone to do what he can to aid those who are charged with the task of averting it. It is now too late to make any change in methods or men at our own or other quarantine stations, were it possible or desirable to do so. They are now undergoing a severe test, and if they succeed in keeping out cholera, let them receive the credit that will be their due, whatever sanitary system or whatever political party may derive advantage therefrom. We believe the system of maritime sanitation in use at the quarantine stations of the Mississippi River is a good one, but we cannot agree with the gentleman above quoted when he asserts that the only possible means of escape will be through "extraordinary efforts in the immediate enforcement of rational and scientific methods of defence, as embraced in our own (the Louisiana) quarantine system."

**Heart Failure** as a cause of death, to use a cant expression, has become a "chestnut." We read in the New York *Medical Examiner*: The clerk of the Board of Health of Syracuse, says *Insurance*, recently refused to issue a burial permit on the certificate of the physician attending the deceased, which simply gave "heart failure" as the cause of death. The physician, when informed by the undertaker of the clerk's refusal, declined to give any more definite account of the case for the benefit of the board than was contained in the words heart disease. This resulted in the board, at its next meeting, adopting a resolution to the effect that physicians in the future will have to specify the direct cause of death, and that "heart failure," "asthenia," and such generalities will not answer the purpose. This is sensible. To say that a person died from "heart failure" is to say no more than that the person died because his or her heart stopped beating, and to assign "asthenia" as the cause of death is simply to affirm that the person died by reason of inability to live. The matter is an important one not alone for the sake of having mortality statistics so classified as to give valuable information to students of social problems, but in order that crime may not be covered up by smooth ambiguities. Either of the terms above mentioned would describe a death by criminal abortion or by poisoning or by typhold fever or by drowning, or by measles, or death by any other cause. It amounts to nothing more than saying that the person died.

**Suicides** are peculiar in the methods which they adopt as well as in other ways. Dr. James G. Kiernan states among other things (*Medical Standard*) that some suicides drop like Mr. Wegg into "poetry." One Chicago specimen left the following couplet:

> Here's a receipt for a popular suicide,
> Take twenty grains of potassium cyanide.

He was a photographer and sought a painless death. German maidens often soak matches in beer and leave the world with a libation to Cambrinus. "Rough on rats" and strychnine are astonishingly popular considering the painful death produced by them and the ease with which morphine and laudanum can be procured. Suicide by poison and drowning are most frequent among women since they disfigure least. Revolutionists, miners and quarrymen often use dynamite. A Chicago lunatic convicted of the murder of a policeman at an anarchist meeting blew his face off with a dynamite cartridge and thereby ensured what, in a sane man, would have been horrible suffering.

Penalties could exert but little influence on most insane suicides. The mass of suicides are, however, affected by them. Wherefore a modification of the New York suicide law (by a clause giving the body for dissection) would tend to check the growing suicide rate in Chicago.

**War Among the Natives** said to exist by the California *Medical Journal* (eclectic) which goes on to say: The medical profession of San Francisco is being treated to a little side-show in the way of a battle being waged among some of the so called regular fraternity.

It seems that one of their number has been more successful than his fellows, in the treatment of certain nervous diteases, especially epilepsy; and because he will not make known his methods or treatment, to a few jealous revals, they have branded him a quack and have charged him with unprofessional conduct in violating medical ethics as laid down by the code of the American Medical Association. It has resolved itself down from a fight of a few of the hyper-ethical, against those whom they choose to call regular, to a case of "dog eat dog." Let us pray that one may eat the other and then in turn vomit himself to death. We do not mean to apply this to the regular profession in general, far from it; for it is to be hoped, the majority have something of more importance to do and are above this constant vigilance for something with which to find fault. We mean it only for those self-righteous sticklers for medical ethics, who would have the world believe that they (the sticklers) dare dwell in glass houses.

**Polemic Medicine** is recommended by the Canada *Lancet* which says: The *odium medicum* is an old thing, and has been from time immemorial at once the bane and the cause of progress of the healing art, as well as the cause of many a gibe from the laity. It exists both as between individuals of the same school, and

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between the different schools, and must always exist, seeing that opinions must differ in a subject which deals, as that most brilliant literary member of our profession, Dr. O. W. Holmes, says, "not in certainties nor in demonstrations, but chiefly in probabilities." It has been left to the theologians to develop a branch in their curricula, entitled Polemic Theology. Perhaps the medical fraternity, being so occupied in study more important, are kept too ignorant of polemic medicine, and do not know enough of the views and systems taught by other schools than that in which each has been brought up. The "regular" practitioner, in proportion as he is an honest and capable man, can see in the homeopathic practitioner, with whom he refuses to consult, only a knave or a fool. His judgment is not usually based on calm review of the authorities worshipped by his opponent, and in that far cannot be said to be scientifically sound. And it would take so little reading of homeopathic manuals to satisfy a scientifically trained medical man of their utter fallacy, that any practitioner can easily form an independent judgment if he chooses.

**Medical Restrictions** are discoursed upon in the following manner by the Western *Medical and Surgical Reporter*: The case of Dr. Potter, of New. York, before the American Medical Association, has brought about a lively discussion through the medical press over the United States on the subject of ethics. it will no doubt result in some good. There is a class of physicians doing about as they please throughout the country, and then when the Societies meet they are on hand to show how regular and scientific they are. They say nothing of these irregularities, but are trying to lash all the other members into the straight and narrow path. I have heard men and seen them try to draw the line closely on their brethren and then get away from home and consult with the most ultra quacks. This any one has a right to do if he does not pretend wearing the straight-jacket, but if he clothes himself in sanctity he should live sanctimoniously. A man should not run a bi chloride of gold institute and then come back to his native country and talk of the deception of quacks.

**Scientific Medication** is dwelt upon by Dr. Adolph Koenig (*Am. Lancet*). In his opinion, the demands of scientific medication warrant the following summarized conclusions:

1. All medicines should be prepared and dispensed by chemically skilled, licensed pharmacists.

2. All mineral products should be in absolute purity; and all drugs of vegetable origin, with marked medicinal action, should be exhausted of their active constituents, and these administered in either their isolated condition or in assayed solutions or triturations.

3. Pharmacopeial requirements and tests for the purity of drugs should receive legal support; and in case of perishable substances there should be a period, fixed by law, after which such drugs should no longer be dispensed.

4. Any drug possessing marked medicinal action, offered for sale by a pharmacist, should be subject to examination by Government chemists, and adulteration or other defective conditions should render the vender amenable to the law, as partly contemplated by the provisions of the Paddock Pure Food and Drug Bill.

5. To protect the public from unscrupulous and designing practitioners, physicians should be prohibited by law—as is the case in certain European countries—from dispensing medicines, except in cases of emergency and in localities remote from medicinal supplies.

6. Substances possessing curative properties should be free and unprotected by letters patent, trademark, or proprietorship; on the other hand, the Government should foster investigations and reward discoveries of valuable curative drugs.

**A State Board of Examiners** is evidently not to the liking of the Fort Wayne *Journal of Medical Sciences* which *inter alia*, has this to say: We do not believe in State Board of Examiners for many reasons, chief among which is that these boards, in most cases, if not in all cases, would be selected because of their political worth and not because of their special qualification for the position. It is well known how humiliating it was to the profession to learn of the conduct of the West Virginia Board of Examiners a few years ago, and this same conduct could be expected from other boards if organized in the same manner. It will be a sad day for the medical profession of any State when a State Board of Examiners shall have the exclusive right and authority to say who shall and who shall not practice within its borders. Another reason why we object to State Examiners is that these boards desire to take the authority from the medical colleges, that is that a diploma shall be no authority for any one to practice medicine, but he must first be examined by these State examiners. Now the question is who will examine the State examiners? As it is one required in most of these boards that no one connected with any medical college should be allowed on the board, a little like the provision regulating the jury system in many of our States, "if he has read anything about the case he is not competent." So in regard to the State Board of Examiners, he must not be a teacher in any medical college.

**Cleanliness** is becoming one of our most important allies in the treatment and prevention of diseases. As the *Dietetic and Hygienic Gazette* says: Let it be preached, therefore, in season and out of season; let it be laid down line upon line and precept upon precept, that cleanliness is the one great and only road to health and vigor of body and mind.

In disease the importance of cleanliness as a prime factor in treatment is becoming daily more recognized. In a recent discussion in the New York Academy of

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Medicine, one of the speakers referred to the fact that the prevention and cure of summer diarrhea of infants might be summed up by putting clean food into a clean stomach, and removing its detritus from a clean intestinal canal. These were characterized in a recent editorial of a prominent journal as "golden words." How to apply them is the problem. The sterilization of milk, for instance, is a great step in advance, and practically renders it clean before entering the stomach. But of what avail is sterilization, though correctly executed, if this milk is poured into a half clean, or perhaps dirty cup, before being fed to the child. And yet the writer has often known this to be done. Let the principle of the sterilization be taught clearly, let the mother understand that the chief aim is to keep the milk clean from dust or germ laden air from the moment it is sterilized to the moment it enters the stomach. When this principle is first mastered by lay people (and we confess with sorrow by the profession also) safety in this matter will be assured.

**The Secret is Out,** according to the *Pharmaceutical Record.* Hydrochlorate of apomorphine is said to be the agent responsible for all the ill effects of the Keeley "bichloride of gold" cure. This we have on the authority of one who has compounded large amounts of the whisky employed as an adjuvant to the cure. The feeling of nausea and sickness which follows each dose of the whisky as supplied by the Keeley cure people is ascribed usually to the action of the atropine and strychnine contained in the fluid employed for hypodermic injection, and no one has ever suspected that the fits of trembling, symptoms of paralysis and general collapse which develop in so many of the "victims" are due to aught but the effects of the injecting fluid, or some natural consequence of the withdrawal of alcoholic stimulants from a person whose system craves the stimulating effects of alcohol.

**Publish Your Own Experience** is what the Maryland *Medical Journal* says and we fully endorse the sentiment. It continues as follows: In looking over the pages of the large American medical journals one is impressed with the fact that the articles in them are written by a few men; the great mass of practitioners being conspicuous only by their silence. The natural conclusion would be that the experience and thought of the great body of practitioners is not of any value to their fellows; or else that they are stored up in the mind of the owner in such a confused mass that they could not be easily written out in orderly statement. Yet we know that many of these silent brethren are men of good education, keen insight, well-balanced judgment and excellent therapeutic skill; men who in ordinary conversation or in professional consultation express their views clearly, concisely and forcibly.

The trouble arises not from their inability to contribute to the permanent stock of the profession's knowledge, but rather their wrong conceptions of what is to be expected in such contributions. They suppose that their writings must either contain information not yet made known in print, or else embody the results of long and thorough research into its literature. Being debarred, by the inaccessibility of libraries, or by the absorption of daily duties, from the reading which they deem necessary, they keep their thoughts to themselves, and let other men, perhaps less capable, occupy the attention of the medical public.

**Ill Advised Conclusions** are as reprehensible as ill-considered statements, in our opinion. The *American Lancet* takes the MEDICAL REVIEW to task for its editorial of August 8, entitled "An Unjust Law." We must confess that we cannot see the force of our worthy cotemporary's remarks. Because the Association adopted a law, some years ago, it does not follow that it is just. Because the Societies have similar laws certainly does not make it just. The objections which we urged were directed neither to the editor of the *Journal* of the Association nor to the Board of Trustees. We dissected the law, showing its absurdity and injustice. We desire to see the objections advanced met and successfully combated. If we were to accept the methods of the *American Lancet* in argument we would be compelled to accept the "Blue Laws" as the most just laws ever adopted by the people. The majority may have the power, but it is not *always* right. Because a by-law is adopted, it does not necessarily follow that it is just. No, we want better logic; the school of sophistry has no longer any power although it still has disciples.

**Malpractice Suits** have the peculiar quality of being able to propagate their own kind. A few months since the court at Albia, Iowa, mulcted a Dr. Abegg in a considerable sum for alleged malpractice in setting a fractured limb. As a result the coming term of said court has four malpractice cases to consider, aggregating $30,000 damages. Unless the doctors stand by each other and stop these suits, none of them will have any money left, says the *American Lancet.* We emphasize the fact that the doctors could stop this state of things, because it was never known as a historical fact that any malpractice suit was won against a doctor when all his fellows stood by him. We never knew a malpractice suit brought against a physician unless some other doctor supported the bringing of the suit and promised to support the plaintiff by his sworn testimony. It is possible that a suit might be brought against a doctor when he was supported by all his fellows, but certainly no judgment could be obtained against him.

**The San Francisco Therapeutical Society** was organized in San Francisco, July 23, 1892. The following were elected officers: President, F.A. A. Belinge; Vice-President, J. W. Blake; Treasurer, J. R. Davidson; Secretary, M. Neumann. The Society will meet twice each month.

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**Gastrostomy.**—The following are the conclusions of Dr. Nicholas Senn on this subject (*Medical Press and Circular*) in a paper read at the meeting of the British Medical Association:

1. Gastrostomy is indicated in all cases of cicatricial and malignant stenosis of the esophagus and cardiac orifice of the stomach as soon as a sufficient quantity of food cannot be introduced into the stomach by simpler measures *per viam naturalis*.

3. Gastrostomy for malignant obstruction on the proximal side of the stomach, if performed at a time when the patient is sufficiently strong to survive the immediate effects of the operation, is a comparatively safe procedure, and adds from a few weeks to six or eight months to the patient's life.

3. In the treatment of impermeable cicatricial stenosis of the esophagus gastrostomy not only furnishes a new inlet for the introduction of food into the stomach, and thus prevents death from starvation, but it often proves a curative measure in such cases, as the gastric fistula can be utilized for another purpose—successful retrograde dilatation of the stricture.

4. The upper central part of the left rectus and the eighth intercostal space between the cartilages of the ribs are the most desirable points for the formation of the gastric fistula.

5. If the patient's strength warrants it, the operation should be done *a deux temps*, as it is safer to postpone opening the stomach until firm adhesions have been formed between stomach and the circumference of the external incision, than to establish the gastric fistula at once.

6 Fixation of the projecting cone of the anterior wall of the stomach in the abdominal wound is best secured by two long needles passed through the serous and mucous coats only, and suturing of the surface to the circumference of the wound.

7. Leakage from the fistula can be prevented most effectually by making the opening in the stomach small, by the use of an inflatable double rubber bulb though which the feeding tube reaches the stomach, or by making an oblique tunnel in the anterior wall of the stomach as devised and practiced with success by Witzel.

8. Solid food should first be subjected to thorough mastication and insalivation, when it is transferred by the patient from the mouth to a small funnel connected with the distal end of the feeding tube, from where, by blowing it through the tube or, finally, it is aspirated into the stomach by the patients sudden expiratory efforts.

9. Mastication of food, as a priliminary step to its introduction into the stomach, satisfies, at least in part, the sense of hunger, which is not always accomplished by liberal exclusive gastric feeding through the fistula.

**Paraldehyde.**—In speaking of various hypnotics a writer in *Notes on New Remedies* states that the use of another hypnotic, paraldehyde, is, in the opinion of Mr. Cockburn Syson, especially indicated in cardiac cases accompanied with dropsy, on account of its non-depressing effect upon the heart's action, and its diuretic properties. Even in a most intractable case of insomnia, paraldehyde on the whole gave the most satisfactory results of all the hypnotics used, with the exception perhaps of opium, and it must be borne in mind that it can be used where the other drug would be decidedly risky. In the experience of the above practitioner paraldehyde may be regarded as a fairly reliable and safe hypnotic, the administration of which is followed by a well marked stage of excitement, but it does not depress the heart's action, nor interfere with the appetite or digestion, while it appears to possess diuretic properties and induces a sleep characterized as "refreshing."

**Operations on the Nose.**—Dr. Clarence C. Rice gives the following advice (*Post-Graduate*) on this class of operative procedures:

1. The only way to become skillful with instruments of examination and expert in diagnosis is to personally examine the upper respiratory tract of as many patients as possible.

2. Cases for operation on the nose should be selected only after careful deliberation, and the relation in size between the obstruction and the total capacity of the nostril should be considered. When in doubt about the necessity for operation, try for a time treatment by topical application.

3. There are many cases of so-called "hypertrophic rhinitis" where the apparent hypertrophies are nothing more than erectile tissues distended by blood or serum, and many of these do not require the application of any destructive agent. The effect of a weak solution of cocaine upon these will aid in their diagnosis.

4. Remember that we do not find advanced hypertrophic changes in young people. The soft tissues are usually nearly normal, so it is not wise to injure the physiological tissues by operative procedure.

5. Deformities of the nasal septum are usually the first pathological condition to appear, and are the cause of the later changes in the soft structures of the nose. The removal of this septal lesion should first claim the attention of the operator.

6. Do not produce by operative measures large ulcerations on the septum, if they can be avoided, as there may be present in the case some constitutional vice, and therefore the ulcerations will be healed with difficulty. Nothing is more efficacious in their treatment than the use of antiseptic washes and covering.

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7. A "traumatic" atrophic rhinitis can be produced by destroying too much of the soft tissues of the nose.

8. When hypertrophic enlargements are present on both the anterior and posterior ends of the turbinated bones, reduce the anterior ones first, and the posterior ones will usually disappear without cautery application. The treatment of these by sedative and protective oily sprays may accomplish so much that the application of acids or cautery will not be required.

9. Use the galvanic cautery by inserting the pointed wire into the turbinated hypertrophy rather than by burning the mucous surface with the flat electrode.

10. Too much care cannot be exercised in the use of antiseptic solutions, both in preparing the nose and the instruments for the operation, and also during and after the operation, until all ulceration is healed. Without the use of antiseptics the patient will surely suffer from sepsis.

**Oatmeal Pyrosis.**—The author of the *Asclepiad*, Dr. Benjamin W. Richardson, says in a recent number of that publication (*Med. Rec.*). "An obstinate case of pyrosis came under my care some years ago, and resisted all forms of medical treatment. The dietary of this patient, an orderly and temperate man, seemed to call for little supervision; in fact, I never remember to have had under my care any one who was simpler or more methodical in the way of feeding and drinking. I recommended him to leave off tea, and he obeyed, but with no beneficial result. Coffee was withdrawn, with no better result. The patient was an abstainer from alcohol and did not smoke, so reforms were not called for in those directions. For a time he left me and consulted another physician—I believe more than one—but after a few months he returned, complaining of the continuance of the symptom that so oppressed him He really suffered acutely. Each morning, between breakfast-time and luncheon-time, the water-brash came on. The quantity food ejected from his stomach was considerable, and the ejection was preceded by a sense of sinking at the heart and faintness which some times alarmed him. By the free discharge of the fluid from the stomach he was invariably relieved, and rarely had any return of the symptoms until the following day. The story of the repetition of the attack, always at the same or about the same hour, was so peculiar and so often repeated that I could not fail at last to attribute it to something taken at breakfast; and finally I began to suspect that a dish of oatmeal porridge might be the enemy. He had taken this for breakfast for many years and had never thought it injurious, and when I named my suspicion he was incredulous. However, he took the advice to leave off oatmeal "on trial," and from the day of leaving it off had no return of his symptoms. Six months later he ventured the oatmeal again, and in a week was as bad as ever. Once more he left it off, and once more was completely cured. This was observation on a patient; but for experiment's sake I tried the effect of oatmeal diet on myself, with the result of setting up in a few weeks as decided an attack of pyrosis as could be observed or felt. In my own case, I found that barley-water, repeated for a time, produced the same result. After making these observations I continued to inquire, in all instances of pyrosis I have since met with, whether oatmeal formed a part of the dietary of those affected; and I have found so many carroborative experiences that I am led to think there is no more frequent cause of pyrosis than oatmeal or a similar fermentative food."

**Empyema of Antrum of Highmore.**—In speaking of the diagnosis of this condition (Denver *Med. Times*), Dr. Robert Levy states that of all means at our command, exploratory puncture is the most certain. It certainly is justifiable to clear up an obscure case. The method used can be either by a hypodermic needle bent at an angle and penetrating the antrum from the inferior meatus or perforating through the canine fossa. Should pus exist, it can be withdrawn by a syringe, or washed out through the natural opening in sufficient quantity to show its presence. We make the diagnosis of Highmorian empyema, then, by a bright yellow discharge, often fetid, pain in the antral and frontal regions; determining the cause by careful examination of teeth and nasal fossæ, position of patient's head, exclusion of suppuration of other cavities, especially of the superior meatus from disease of the middle turbinate, all of which is to be confirmed by either trans-illumination probing and washing, or exploratory puncture, or by all combined.

**Remedy for Chronic Rheumatic Arthritis.**—Mr. Hugh Lane, in his recent work on Rheumatic Diseases, (*Int. Med. Mag.*) again emphasizes the value of the old receipt commonly known as the "Chelsea Pensioner." Lord Anson is said to have given three hundred pounds for the liberty to make it public.

| | | |
|---|---|---|
| ℞ | Honey, | ℥xvi. |
| | Sulphur, | ʒi. |
| | Cream of tartar, | ʒi. |
| | Rubarb, | ʒiv. |
| | Gum guaiacum, | ʒi. |
| | Nutmeg, | No. i. |

M.

Sig. Two tablespoonful in a small tumbler of white wine and hot water on going to bed, and the same quantity before rising in the morning; the patient to remain in bed until any perspiration that may be occasioned has subsided.

**Treatment of Poisoning by Cocaine.**—Eloy gives the following directions for the treatment of acute poisoning by cocaine (*Med. and Surg. Rep.*). The patient is placed in a horizontal position in order to prevent syncope, and his face bathed in cold water. If convulsions come on cold should be applied. If asphyxia is present flagellation, massage, and artificial respiration are resorted to, and if the respiration depends

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upon the tetanic contraction of the respiratory muscles inhalations of chloroform are employed. For the in tense pallor it is well to give inhalations of nitrite of amyl. Should these means be insufficient, it may be well to administer strong coffee or caffeine, or if swallowing is impossible, hypodermic injections of ether. The entire object of the treatment is to moderate the reflex excitability of the nervous system, to sustain the heart, and to re-establish the equilibrium of the circulation.

**Is "Grazie" Hereditary?**—Max Neuburger, in discussing this finer reflex of our organism, asks if it is hereditary, says the Berlin correspondent of the *Medical Press*. The analysis of the cerebral functions makes the question difficult to demonstrate from a scientific point of view, although the less observant have concluded that the poet is born not made. The fine coordinating movements when physiologically examined will be found to depend on the coincident action of the centers. Kleist sets down a rule that these fine co-ordinating movements are freer and more exact in those where the feebler or duller reflex action is present. The movements may be divided into elementary and artificial; the former Meynert located in the cortical cells of the brain where the sense of innervation preside—volition and motion; but the reflex is also a primary innervation when acting on the involuntary muscles. Dancing, swimming, etc., are artificial movements which first require the assistance of imagination. Benedick assumes a sub-cortical center for the social work of the operations as in the reflex action, but this sub-cortical function is unperceived by the consciousness of the being. With these movements a "functional afflux" takes place regulating the number of associated images which Meynert termed a hyperemsia. With these social movements the "Grazie," elegance or harmony, is greater or less according to the pressure. If the irritation wave be severe, we will have a choreic movement where the antagonistic cortical centers are well exemplified in chorea post-hemiplegica.

Thus Neuberger concludes that grazie is a complicated series of phenomena; it is inherited by some and acquired by others; a property hard to define but easily perceived under the designation of talent.

When this grazie is present in the higher centers an unconscious vividness of imagination is present that is unassociated with deep thought. These wonderful creatures are frequently the objects of "Fechner's Sleep."

**Sarcoma of Long Bones.**—Dr. J. A. Sutcliffe reports a case of this affection in the Indiana *Medical Journal*. He states that as regards the treatment of sarcoma of the long bones, there is but one procedure worthy of our consideration. Early amputation offers the only chance of recovery. Let us not forget that the disease is usually local for a time, and that amputation may effect a cure; whereas, if we delay until distant parts are contaminated, death will inevitably be the result. The fate of the patient largely depends upon its early recognition and complete removal. The great mortality of the disease is largely due to neglect in diagnosis and radical treatment. All efforts at enucleation or destruction by chemical agents should be condemned; they do not effect complete removal, and only stimulate the growth to increased activity. When it is remembered that the cellular elements extend along the marrow and along the connective tissue of the muscles, often as high as their origin, it is evident that amputation ought to be made at a distance from the apparent seat of the disease. The entire bone should be removed, and in many instances the point of election for the amputation should be above the nearest joint.

**Infantile Constipation.**—Dr. J. C. Mitchell says (*Can. Pract*) that in infantile constipation strict attention must be paid to diet, clothing, and regularity, and in this way many cases will speedily recover. In most cases, however, some treatment will be required until the digestion, circulation, and habits return to a normal condition. Frequently very simple means will suffice, such as soap or glycerine suppositories, and placing the child in position at regular intervals. If these fail, small doses of cascara sagrade with suitable carminatives are an excellent remedy. My experience has been that with due attention to hygienic measures combined with suitable medication by mouth, cases recover more rapidly and surely than where we resort to the continuous use of enemas. Many good authorities favor the use of the syringe for children, and many others think it produces evil results. Like all our remedies it has its place, and is very useful in suitable cases, but its use can be abused.

**Spinal Concussion.**—Dr. R. O. Beard, in a consideration of the medico-legal relations of the condition (*Northwestern Lancet*), says that these may be stated as well warranted conclusions:

1. The term "spinal concussion" indicates a transient molecular disturbance of the cells of the cord. It is a misnomer as applied either to the actual sequelæ of such disturbance or to the many cases of nervous shock which, voluntarily or involuntarily, simulate railway spine.

2. Actual concussion of the cord is not easily induced, and, probably, only by a direct violence.

3. No consensus of symptoms can be declared which can justly be denominated spinal concussion or railway spine.

4. Lesions of the cord, resultant from this cause, vary with the intensity, quality and seat of the injury. They are sometimes vascular, sometimes meningeal, and sometimes involve the actual substance of the white fiber column or the gray matter of the cord.

5. Although these lesions are not always discoverable, their motor, sensory, trophic or reflex results often prove their existence and demonstrate their location.

6. Eliminating the cases of pseudo-concussion, to

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which I have referred, and those in whom slighter irritative symptoms develop, the remainder should receive a very guarded prognosis, which must be dependent upon the extent and gravity of their paralytic disorders.

With the opinion, expressed by certain writers upon spinal concussion, that in all these graver cases neuroses pre-exist and are simply emphasized by the injury, there is no scientific ground for sympathy. The argument is speculative and far-fetched. It savors very strongly of the special plea of the corporation counsel in surgery.

**Ready Examination of Urine.**—The following appears in a cotemporary: Put a drop on a strip of white filtering paper, heat it slowly and carefully, and if sugar be present, the spot dries with a yellowish-brown to deep brown, depending on the amount. If albumen be present, the color is yellow, merging perhaps into yellowish-red. Chloroform is a test for bile. A few drops added in a test-tube will become turbid and acquire a yellowish tint, darker or lighter, according to the quantity of bile present. Perchloride of iron develops a blue tinge if the patient is a morphine eater.

**Methylal.**—Methylal was first brought to the attention of the profession as a medicament by Personali in 1886, but it has not been favorably received during late years (*Am. Ther.*), owing to the fact that other remedies of its nature have largely taken its place. It is classed with the "acetals," and occurs in the form of a very mobile, colorless liquid (sp. gr. 85. 51), boiling at 107° to 108°F. It is readily soluble in water, alcohol, fatty and ethereal oils. According to Mairet and Combemale, it is administered hypodermatically as an hypnotic, applied externally as an analgesic and used internally for its anodyne effects upon the digestive tract. It has been employed as a sedative in delirium tremens, the dose being one and one-half minims with nine parts of water, given subcutaneously every twor or three hours. For a liniment, methylal is mixed with six times its weight of almond oil, and as a dental anodyne it is prepared with four parts of the tincture of coca. For internal administration it is combined with twelve to one hundred parts of water, or water and syrup.

**Birth of a Child Weighing Fourteen Pounds.**—Mr. Alexander Gordon writes to an exchange: Having read with in the *Lancet* the account of a labor case given by Dr. Harris in which an infant weighing over fourteen pounds was born alive, I beg to say that a similar case occurred in my practice recently. The presentation was a breech, and the appearance of the patient's abdomen led me at first to conclude it was a case of twins. By abdominal palpation I came to the conclusion it was not, but an infant of excessive size. Labor was very tedious, and I procured the assistance of my friend Dr. Duke, and by our united efforts we succeeded in delivering the patient of a very large infant, of which I give the measurements from my notebook: Weight, 14 pounds, 2 ounces; chest measurement, 16½ inches; arm circumference, 5½ inches; thigh circumference, 8 inches; length, 25 inches. The infant was asphyxiated when born, but Mr. Duke, by his plan of producing artificial respiration, succeeded in a very short time in fully resuscitating the infant.

**Post-Partum Hemorrhage.**—How to prevent this formidable complication of labor, and how to check it when once the flood gates have burst open are problems of the greatest importance to every practitioner throughout the land. Although one reads a good deal of it in text-books on obstetrics, it is fortunately by no means common, at any rate in its severer forms (*Ex*). Many a practitioner with extensive experience of the lying-in room has never met with a fatal case, and the records of 11,000 labors at one of the London hospitals show only one fatal instance of post-partum hemorrhage. In cases of moderate severity almost any of the means usually resorted to will suffice to excite uterine contraction, and so put an end to a condition full of danger for the woman, and full of anxiety for the medical attendant. The question is really what can be done to goad into activity the typically inertia stricken uterus. Shall we pack the uterine cavity full of gauze as a last resort, or shall we content ourselves with temporarily arresting the outpour by manual pressure? To pack the uterus tightly enough to exercise efficient pressure on its walls is a task which few would care to attempt, while the ever present danger of introducing pathogenic organisms from without cannot be overlooked. We have a shrewd suspicion that the cases in which success has followed the more radical measures would have proved amenable to milder treatment if persevered in.

**Pancreatic Calculi.**—Dr. Houston states (Kansas City *Med. Rec.*) that the causes which produce concretions are chemical, taking place in the secretion itself, or from inflammatory changes in or around the common duct. The entrance of the duct into the duodenum is sometimes obliterated by inflammation. Cicatricial contraction need not be discussed, for by analogy certainly we can believe it able to close the ducts. Of displacement, as the pancreas is retained in its transverse position by the surrounding organs and the connective tissue attachment, when changes occur in the relations of any of these, it would operate as a change of the support and of necessity change its normal status. Relaxation of connective tissue, loss of substance or loss on one side and increase on the other side, or pressure by tumors, or exudation, or cicatricial contractions in the organ itself, or in the pancreatic tissues. An old man is said to have fallen some yards, after which symptoms of floating kidney arose. He vomited a saline fluid, found to be the pancreatic juice and later a tumor was found in the hypogastrium which proved to be the displaced pancreas, surely a long fall and a great displacement. It would appear, however, that the organ must be bent upon itself to produce obstruction in this way.

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## New Orleans Letter.

Editor MEDICAL REVIEW.—Some day or other the victims or the doctors,—patients and practitioners are victims—will arise in their strength and slay druggists.

Long time ago was born the practice of compounding febrifuges and subterfuges on gigantic scale. Now every bottle washer compounds something prefixed with "ante" or terminating with "fuge" and the Rinero *fugits* to the druggists and the doctor is left. Again comes the pharmacist who, a master in his profession, can compound ol. morrh. ad. quiniæ, ferri, ad nauseam, the equal to the preparation exclusively made by Blowhard, Puffem & Co., of Boston, but the M.D. prescribes the latter indignantly denying the possibility of any druggist compounding any thing like unto B. P. & Co. mixtures.

The solution is simple for B. P. & Co. sends the M.D. a reminder occasionally, and not in sample bottles. It happens that a conscientious druggist in this city, of small means, has for years dispensed a febrifuge, many M.D.'s prescribing it. Just now there is a let-down in the prescriptions, though the febrifuge is "on the boom" all the same. Investigation shows that a shrewd M.D. with a few thousands to invest has got behind the ancient 'pothecary, and by modest advertising is pushing the remedy. The other M.D.'s, whilom admirers of the febrifuge, until they learned a brother Æsculapian was in the pool, are now knifing it, begrudging the druggist and the doctor the humble profits a home industry deserves. As a cynical physician remarked to me: "Doctors who live twenty miles apart and never see each other are the best of friends. I am not jealous or envious and never wished any man harm in my life, but I know half a hundred brethren who ought to be in hell, because they begrudge another making an honest living."

The cholera scare, if it has no other effect on New Orleans, will cause the city to have a thorough cleaning, a God send on this account. An auxiliary or citizens association has taken it on hand as the Board of Health and City Treasury has no money on hand for this purpose.

If these United States will be inflicted with cholera it will play sad havoc in this city. No water supply—open gutters, every factor for propagating the disease, the mortality would be terrible.

Without reflecting on the Board of Health, many citizens and thorough physicians would like to see Dr. Joseph Holt at the head of the anti-cholera movement. He is thoroughly familiar with maritime sanitation and equal to any emergency, experienced, quick of perception and not afraid to back up his opinion—*vi et armis*.

If the National Government ever propose to take charge of quarantine, which is run in a happy-go-lucky style by the Marine Hospital, and the "one hoss" health boards, let us have Joe Holt at the helm and the country will be safe.

From the puerile instructions that have been aired through the daily press, emanating from Wyman, M.D., Surgeon-General U. S. M. H. Service, it is to be deplored that Dr. Hamilton ever surrendered his job. True, the portly, jolly Hamilton, it is said, was careful to keep out of the reach of Yellow Jack yet he was a great strategist and what is better had the confidence of the country. Wyman's pronunciamento would disgrace tho pretensions of a tenth rate backwoods pill giver.

If my suggestion comes not too late, if no cholera exists on the American soil, let us quarantine the world, (we can do for awhile without our trains—oceanic commerce), keep our bowels open and trust in God. Selah.

Prof. Sam'l Logan is off on a pleasure trip.

Dr. F. Loeber is seriously ill with cholera morbus.

Dr. Borde is reported very ill.

Bogel Drug Company are to remove to the Monteleone building, a lately erected handsome building, corner of Royal and Customhouse Streets.

The local sanitarians are kept busy talking, which if rational treatment, will afright cholera from these shores.

The humane, anonymous writing doctor is contributing infallible prescriptions for cholera in the daily papers.

Dr. Walter Baily, a clever and gentlemanly physician, is ill with malarial fever.

A distinguished surgeon of the Charity Hospital must have lost his nerve lately. He declined to operate on a phymotic case—because said case could not produce a $10 bill and be regarded as a private patient. There are some kickers—"they are like the poor, always with us," who assert that the elegants of the Charity Hospital administration, in some manner, secure nice slices of cake through the free clinic system, and are not as charitable as they appear in the official reports of work done on the charity formulæ. MEDICO VIEJO.

## Buffalo Letter.

Editor MEDICAL REVIEW.—August closes with a cold snap, the mercury being 25° lower on the 31st than on the 30th. This has been a vacation month for the medical profession, there having been no meetings of any importance and comparatively little sickness. The daily press teems with interviews with Health Commissioner Wende and with reports of the progress of cholera. The honor of living in the greatest railroad center in the world is not so highly esteemed as before the approach of cholera became imminent. Dr. Wende has published a letter instructing the people with regard to precautions of cleanliness and disinfection, hygiene of diet, etc., and his plans are already formed for a

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strict inspection of railroad trains and the quarantine of cholera patients or suspects whenever such precautions shall become necessary. Since 1886, Prof. Stockton has been prophesying the advent of cholera, not for any one season but at some time in the near future. He has argued that as cholera has never before been known to fail to make a circuit of the globe when once fairly started, so the recent progress of the disease through Europe will eventually continue past quarantine stations into the United States. Now his prophesy seems about to be fulfilled.

In a clinic at the General Hospital, Dr. Park introduced a case calling for stretching of the sciatic nerve. The report that this operation had proved ineffectual did not coincide with Dr. Park's experience, for all but one of his patients had been permanently relieved—so far as he knew, and he had kept informed about most of them. The exceptional case was complicated by some cord trouble. The nerve was exposed by the usual two inch longitudinal incision starting at a point not quite half way from the great trochanter to the tuberosity of the ischium. The transverse fibers of the gluteus maximus and the biceps tendon were exposed and the nerve freed by the operator's fingers from the surrounding structures. Dr. Park illustrated the routine of sciatic nerve stretching—a downward pull, an upward pull and the lifting of the entire limb from the table by the nerve. He said that the average sciatic nerve would support the entire weight of the body so that the danger of rupture was insignificant. The attention of the class was called to the cardiac reflex, either acceleration or retardation that follows nerve stretching whether in operations like this or in amputations.

The second patient had been relieved of urethral stricture by internal urethrotomy. Subsequently, however, frequent micturition, pain, occasional stoppage of the flow of water and oxaluria had led to the examination of the bladder and a vesical calculus had been touched by the sound. Dr. Park repeated the examination for stone in the presence of the class, following the general rule always to sound immediately before operation since, if nothing is found by the searcher, the stone will probably elude exploration through a wound unless suprapubic cystotomy is done. The operations for crushing the stone were contraindicated in the present case by the recent existence of stricture. The patient was anesthetized, the bladder emptied of urine by the catheter and refilled with a boracic acid solution. When the searcher was introduced the click against the stone could be heard throughout the amphitheater. Lateral perineal lithotomy was performed with the aid of the grooved staff. The stone was crushed in the effort to remove it by the forceps and the fragments had to be withdrawn by means of a scoop. The stone, restored to its original size and shape was discoid, measuring three-fourths by one-fourth inch and composed of a hard shell enclosing a soft core. The bladder was irrigated through the perineal incision and, as there was not enough hemorrhage to call for plugging, the wound was loosely dressed antiseptically without suture. Directions were given to wash out the bladder occasionally with a boracic acid solution and to pass the urethral sound in order to combat the tendency to stricture.

## New England Letter.

Editor Medical Review.—The memorial meeting to commemorate the memory of Dr. Bowditch at Boston, brought out some very interesting phases of a really great physician. Great in the student side of his life; a man that was always the same ardent enthusiastic seeker for truth. During his long professional life of fifty-eight years, every day was marked by intense medical interest; no other thoughts occupied so much time, and he seemed always in the condition of a student preparing for final examination. He was an excellent teacher and had an immense consultation practice, made a large fortune and spent it as he went along, and created a profound impression on a large army of younger medical men. He was great, because he advanced the science of medicine, and helped to make the world better and brighter, and taught by precept and example the true spirit of scientific investigation. He said that the real proverb of a correct life was to "work as if you were going to live forever, and live as if you were going to die to-morrow. He will be known to the world for his researches and development of paracentesis thoracis. He had performed this operation over six hundred times in his life.

The cholera advent causes much uneasiness in the many manufacturing villages, particularly in paper towns, where the stacks of rags and other substances come from all over the world, and are liable to convey the infection germs. Health authorities are very active in cleaning up and preparing for this almost certain coming epidemic. When it arrives the panic which follows will be far more fatal than the disease itself. The press with its sensationalism will help swell the death list, and the more minutely the symptoms are described, the more certain its readers will be attacked and die. Preventive medicine should extend to the press and restrain them from increasing a panic in the public mind, and destroying the army of neurotics, that are all ready to take on a mortal contagion. Recently the purity and character of soaps have come up in the courts, and several very interesting medical questions have attracted attention. In one case it was alleged that the poison of shaving soap very seriously affected a number of people. In another a toilet soap was accused of scattering disease germs. But both accusations were not sustained, and the courts were treated to a very interesting lecture on this industry. Among the curious facts brought out, was this of the famous Yankee shaving soap, which is the product of the largest factory of this form of soap in the world. Five tons a day are required to supply the demand for this soap. This is made entirely from vegetable oils, hence the supposed sources of infection from animal fats are elimi-

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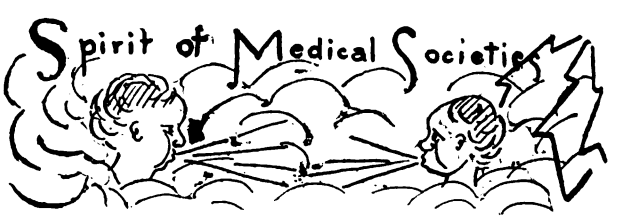
nated. The business has attained such a magnitude that a chemist who is often a physician is employed to make analysis of the substances which enter into the soap and the products after being made. The public are becoming more and more fastidious about such articles. It is a very hopeful sign when the physician is called in to advise in the manufacturing of such products.

The armies of pleasure and health seekers are thinning out from the seaside resorts, and the tramp physicians who have followed these crowds must find other places for the winter.

The local doctor settles down to his regular clientage and the noise and roar of the summer is over. After a time the doctor himself disappears and only his memory and deeds remain. T. D. C.

**Cirrhosis of the Liver in Childhood.**—It is a common belief (New York *Med. Jour.*) that cirrhosis of the liver is a disease of adults only and is a result of the excessive use of alcohol. As a matter of fact, it is not uncommon in childhood and is seen even in infancy. It is most frequent between the ages of seven and thirteen, and is much more common in boys than in girls. In the *British Medical Journal*, Dr. Jollye gives an analysis of one hundred and twelve cases in persons under eighteen years of age. He finds that the part played by alcohol and syphilis in its causation is a much smaller one than was formerly used. Of these cases, but nineteen per cent. were clearly due to alcohol and sixteen per cent to syphilis. Tuberculosis was the next most frequent cause, and malaria accounted for a few cases. The exanthemata seemed to be an exciting cause in a considerable number of instances. Kline has reported pathological examinations in eight cases of acute interstitial hepatitis in scarlet-fever cases. The same condition occasionally occurs also during the course of measles. In none of the cases reported is it stated whether the child had alcoholic stimulation, and no mention is made of the diet. The part played by the disease, by alcohol, or by diet in patients who are afterward affected with cirrhosis is, therefore, very uncertain.

The symptoms are, as a rule, very obscure. Failing health, with no adequate cause, associated with epistaxis or other hemorrhages, and the development of nevus-like growths, with occasional attacks of jaundice, should lead to an examination of the liver. In rare instances there is a high temperature accompanied by rapid pulse and respiration, rendering the diagnosis from tuberculosis or typhoid fever difficult. The severer symptoms frequently disappear under treatment, but after a time they invariably reappear, for the disease is progressive and always terminates fatally. Its average duration is three years. A general tonic treatment seems to be most efficient, with special treatment for individual symptoms as they arise.




**Chlorosis in a Male.**—Dr. Johnston gave to the Montreal Medico Chirurgical Society (Montreal *Med. Jour.*) some notes on the examination of the blood of a man who was intensely anæmic, with a sub-icteroid hue. The number of red and white corpuscles were found to be normal, but the hemoglobin was reduced one-third. The case was one of pure chlorosis, which is quite a rare condition in a man. The man had been ailing for a year and a half, and had suffered severely from hemorrhoids. After using ten Blaud's pills daily for a week, the hemoglobin rose from 30 to 55 per cent, and at the end of the second week it was over 70 per cent, when he was lost sight of. He was a day laborer, and his occupation offered no clue as to the cause of the chlorosis.

**Malposition of the Uterus.**—Dr. Poore presented to the New York Surgical Society (New York *Med. Jour.*) a uterus he had removed from a child of twelve years, who had been admitted to the hospital on December 15, 1889, having then an oblong swelling over the left external abdominal ring. It had not been painful and had given the patient no inconvenience. It had been diagnosticated as an enlarged lymphatic gland. January 13, 1892, the child had been etherized and the tumor cut down upon. There had been found a white, glistening tumor, firmly attached by its pedicle to the inguinal canal and the external ring, which had subsequently been recognized as the uterus and its appendages. The entire uterus, with the tubes and the broad ligaments, had been entirely without the external ring. The tubes and the ligaments had not been developed. The tumer had been tied off close to the external ring and the wound closed. Vaginal examination had shown the vagina to end in a cul-d-sac about an inch behind the hymen. The patient had been discharged February 14, 1892.

**Pernicious Anemia.**—At a meeting of the Edinburgh Medico-Chirurgical Society (Denver *Med. Times*), Dr. G. A. Gibson read a paper on the antiseptic treatment of pernicious anemia. He referred to a case in a man of 55, who had lived abroad and who had in his family a highly neurotic strain, as is common in pernicious anemia. He had had a stone in the right kidney and had suffered from paroxysmal hemoglobinuria. His skin was lemon color, there was redness of the lower extremities, there was a large, pale, flabby tongue, and constipation. The red corpuscles were down to 800,000, and megalocytes, microcytes, and poikilocytes were present. Arsenic was carefully tried,

but produced great gastro intestinal irritation and had to be abandoned. Iron was useless. Six ounces of human blood in saline solution were injected by transfusion, and there was a gain of 200,000 red corpuscles in two days. This fell in a few days to a lower figure than before. He was then put on peptonized food and on B-naphthol, two grains in pill form thrice daily. There was soon a rapid improvement in the red corpuscles; they rose to 1,000,000, 1,700,000, 2,080,000 and finally to 8,230,000, while his weight had correspondingly risen to 12 st, 1 lb (169 lb.).

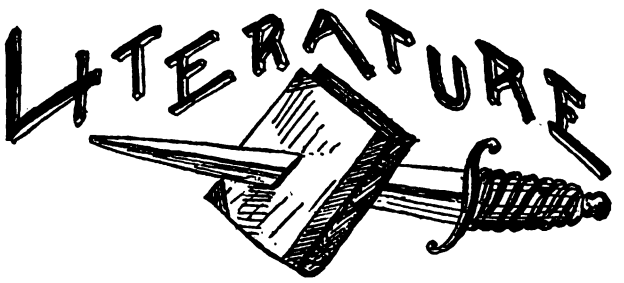
**Excision of the Wrist.**—Dr. Jas. Bell brought before a meeting of the Medico Chirurgical Society, of Montreal (Canada *Med. Rec.*), a boy, aged 14, in whom he had excised the right wrist for tubercular disease of seven or eight months' standing. He had removed all the carpal bones (with the exception of the pisiform bone), the styloid process of the ulna, the articular surface of the radius, and the heads of all the metacarpal bones. The result has been very satisfactory. The boy has good movement of the distal and fair movement of the proximal phalanges. Dr. Bell remarked that of all the joints subject to tuberculosis which are excised, the wrist is the least promising. No matter how slight the disease may be, a partial excision is almost impossible, and when the disease is extensive the inflammatory condition about the sheaths of the tendons renders the hand useless unless very great care has been taken to exercise the hand. From all appearances, this case promises to be the best result he has yet obtained after this operation.

The President asked Dr. Bell if he apprehended any return of the disease in the joint.

Dr. Bell did not think that it would return; but no matter how thoroughly the disease has been eradicated, there is a strong tendency toward its recurrence in some other part of the body.

**Epithelioma of the Larynx.**—Dr. Coleman presented to the New York Pathological Society (*Med. Rec.*), gross and microscopical specimens of epithelioma of the larynx. According to the history, the thyroid cartilage was involved in the disease, and was considerably ulcerated, and the whole larynx seemed to be filled with the neoplasm. The clinical history certainly pointed toward malignancy. There had been some difference of opinion among those who had examined the growth concerning its nature, some maintaining that it was a carcinoma, while others agreed with him in the diagnosis of epithelioma. Immediately after the removal of the specimen, it had been placed in ninety-five per cent alcohol, and on this account it was greatly shrunken. Microscopical examinations had been made of the outer, inner, and middle portions of the growth.

Several members present examined the specimen under the microscope, and expressed the opinion that it was an epithelioma.




**The Medical and Dental Register-Directory** and Intelligencer of Pennsylvania, New Jersey and Delaware (1892 edition). GEORGE KEIL, editor. 8vo., pp. 424. [Philadelphia: George Keil, 1892. Price $1.25.

This book contains a complete list of the National and State Medical and Dental Associations, with their officers and date of meetings, Medical and Dental Colleges of the United States, and other very valuable material, Medical and Dental Laws, Hospitals, Homes, etc. Also the lists of Medical and Dental practitioners, with their school and year of graduation, postoffice addresses and office hours.

The work has been carefully compiled, and bears the impress of being thoroughly reliable in all its departments. It is well printed on good paper, nicely bound and its appearance carries with it evidence that it is of that class of publications which immediately takes popular hold in the special field for which they are designed.

It will be of especial value to medical publishers, instrument makers, and secretaries of medical societies. We would like to see similar publications issued by equally enterprising individuals in other States.

**Case of Chorea in a Negro.**—Dr. Philip S. Roy writes the following to the *Medical Record*: In an article on chorea by Allan McLane Hamilton, written in 1886 for "The Reference Handbook of the Medical Sciences," I find he states that Dr. Mitchell has found, after careful inquiries, that chorea is unknown in the negro race. Probably no neurologist in this country has had the opportunity, personally, to carefully study nervous diseases in the negro, and this explains why so many incorrect statements are made.

Not ten years ago W. A. Hammond wrote, in his work on nervous diseases, that hysteria did not occur in the negro. I believe I was among the first to refute this statement in an article published in your journal, about four years ago. Certainly, from a scientific point of view, it is interesting to study diseases in the lower races, just as we compare our anatomy, physiology, and diseases with those of the lower animals.

The case of chorea I now have under observation is in a full-blooded negro child, seven years of age. Since writing the above, Dr. Irving C. Roose, the neurologist, has kindly seen the case with me and confirmed my diagnosis. It is a very marked case.

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**The Argonaut** is now in full charge of the editor, Dr. Kraft.

**The Texas State Homeopathic Medical Society** had no 1892 session for lack of a quorum, only four members present.

**A Mean and Contemptible Man,** as well as a narrow contracted one, is he who is jealous of a competitor without sufficient cause outside of the fact that he is an opponent in business. We are glad to know but few such belong to our intelligent calling.

**A Cotemporary** recently suggested that all persons proposing to climb the Matterhorn or other difficult peak should be treated as dangerous lunatics and forcibly restrained. The implication is that mountain climbing is a foolish and useless practice which ought to be discouraged by every means in our power.

**Inaccurate.**—The Kansas *Medical Catalogue* contains the following brilliant inaccuracies emanating from one of its contributors: The competent physician is naturally neat in regard to personal habits and ap pearance, studious, thoughtful and conscientious in the discharge of every duty. The public should be taught to avoid all others. Then will the true standard of medical competency be raised and the profession, unfettered by silly laws or false standards, raise itself by magic power of its own inherent worth, to that higher plane of usefulness where it naturally belongs.

**Drivel.**—We find the following in one of our exchanges. We are surprised at the publication of such drivel: The radical advocates for three full courses of lectures are men who barely took two, and are now insulted if they are asked to pay for a medical journal. They would like very much to cut off the heads of medical schools and stop the increase of doctors, as they feel their inefficiency to compete with good physicians, and for fear they have to work they want, if possible, to obliterate the source. They dislike the men who have taken three courss more, if anything, than the two-course men. We are sorry for such doctors. The sooner they get to farming or get to working on sections as railroad hands, the better off the human family is. A man who cannot sustain himself as an educated and dignified professional man in the face of competition, had better surrender and undertake something else for which he is better qualified.

**The Illinois State Board of Health** has, during the week ending, September 2, issued State certificates entitling to practice medicine and surgery in Illinois to the following physicians: W. L. Barnes, Thomas Hughes, D. D. Golding, H. G. Merz, of Chicago; Shadrack Chaffin, of Erie, and L. A. Dittebrandt, of Basco.

**A Judicial Opinion.**—We cut the following from the *Australasian Medical Gazette*: In the Central Criminal Court, June 18, Acting Judge Heydon delivered sentence upon Louis De Wayne, an unqualified practitioner, who advertised as "Mrs. T. Dale" in certain Sydney papers, and who had been found guilty on the previous day on a charge of having, in February last, administered to Jesse Maria Martin, who died at North Willoughby in March, noxious drugs for an unlawful purpose. His Honor sentenced De Wayne to eight years' penal servitude, and at the same time he made some strong remarks on those newspapers who inserted quack advertisements. His Honor said: "I must say that I consider the insertion of advertisements such as yours by newspapers is a most disgraceful thing. It is impossible for the law to lay down beforehand a general rule which shall exclude all unlawful advertisements, but it is perfectly easy for newspaper proprietors to know when they see the advertisements which are legitimate and which are not. By putting in such as yours they are really entering into a partnership with abortionists, and supporting their business for a share in their gains, and, of course, share the moral responsibility for the deaths which are caused."

**The Filthy Fraud of Vaccination.**—The following example of impotent malice deserves publication as a unique example of ignorance:

(*To the Editor of the Sydney Evening News.*)

SIR,—At every appearance of smallpox the medical doctors try to impose on the people the infernal and dangerous fraud of vaccination, and many people in their ignorance actually submit to the operation. There are few things fraught with so much danger as vaccination, which in more than one instance has of late proved itself to be an agent of leprosy. Not very long ago a child was vaccinated in England. Shortly after the operation it died, and in such a condition was the body that it could not be properly laid out; in short, it actually fell to pieces. Seeing that not only leprosy, but erysipelas, blindness, syphilis, &c., are frequent followers of the operation of vaccination; seeing also that the death rate, not only from smallpox, but from many other diseases, has largely increased since the sham and fetish of vaccination has been imposed on the people of England, the people here should refuse to submit themselves or their little ones to the poison lancet of the vaccinator, but should hurl vaccination from the land. Better to have smallpox 50 times than once submit to vaccination of any health-destroyer. Yours, &c.,

June 2. F. E. S. H.

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**Pennsylvania R. R. Surgeons.**—The annual meeting of the surgeons of the Pennsylvania Railroad will be held in Fort Wayne, Ind., in October of this year. It is the desire to make this one of the most interesting meetings ever held.

**Honors to Huxley.**—The members of the medical profession will receive with lively satisfaction the announcement of the appointment to a seat in the Privy Council of Professor Huxley. Such a recognition of the claims of medicine is the more acceptable as the opportunity of recording such an appointment is comparatively rare.

**It is Stated** that an ophthalmologist of St. Paul, Minnesota, has a yearly income of $45,000 cash. Few of the larger cities can equal this income by individual ophthalmologists. If only they could persuade this gentleman that his health was suffering from overwork, St. Paul might be a fat palace for oculists desiring a location, says a Detroit journal.

**It is a Noteworthy Fact** that not a single case of small pox occurred during the year 1890 in the British Army. If this be not evidence of the protection afforded by re-vaccination against a malady once so common—and still disastrously fatal in armies where this precaution is not vigorously enforced—then logic and reason are mere accomplishments!

**Remarkable Age.**—Mrs. Margarita Rivera, grandmother of Governor Calan, of Coahuila, died at Monterey, Mexico, at the age of 132 years. She was born in Spain and came to Mexico over a century ago. She recently received from the Archbishop at Madrid, a copy of the Cathedral record of her birth. Her health for the past several years had been very feeble and she was confined to her room.

**Unfit for Colonization.**—An agent of Baron Hirsch reported that the Jewish peasants in the Odessa district are so degraded that the Argentine Republic would not allow them to be sent to the Jewish colony there, and that it is therefore expected that they will be sent to the United States. Such is a bit of information which we find in one of our exchanges. We suppose that these undesirable immigrants will bring all the diseases which seem to be their peculiar appamage.

**The Sense of Security** which was formerly afforded by remoteness from the field of epidemic diseases, says a cotemporary, cannot now be said to exist, since the distance from the eastern to the western hemisphere can be traversed in less time than was required 100 years ago to go from one end of France to the other. Hence the necessity of prompt and thorough defense against the inroads of the cholera epidemic which is now prevailing in Russia and Germany, and which, according to latest reports, has also gained a foothold in England.

**Succi Fasting Again.**—Signor Succi, who at last accounts had been declared insane, is now in Naples and has commenced a new fast there. A committee has been formed to watch him and observe the phenomena of circulation, respiration, weight, etc., and a bulletin will be issued daily.

**Look Out for "Dr." Welch.**—According to an exchange, some three months ago a person calling himself "Dr. J. S. Welch" appeared in Butte City, Montana, with a letter of introduction to one of the leading physicians from an old friend in a neighboring town. The visitor had been unfortunate, and the physician, taking pity on him, advanced him money, gave him the use of a room in his office, and turned over to his care several cases. The stranger stated that he was a graduate of Jefferson, also that he was an army surgeon, and again that he was visiting Montana for his health, though subsequent developments would imply that he was not there altogether for that purpose. He proved to be a very good talker and a very smooth individual generally. He "worked" the town and a great many persons, and finally ingratiated himself into the confidence of a lady resident to such an extent as to obtain possession of a valuable diamond ring. This he disposed of for $75 and shortly after left there for parts unknown. Welch is supposed to have gone to Salt Lake City, and as he may possibly travel westward, this is published as a warning to a generous and sympathetic profession.

**An Artificial Spa.**—The German correspondent of the *Occidental Medical Times* relates the following: An addition to the chapter of adulterations of a peculiar kind has recently been contributed from Krankenheil Jolz, a health resort in the south of Bavaria. This promising little place is the possessor of wells containing chiefly iodides besides other useful ingredients, and, owing to its picturesque scenery as well as to the results obtained, it was gradually coming more and more into favor. Now it happened that an enterprising civil engineer discovered a new spring of much higher concentration than the old ones in the vicinity; and as he could not come to a settlement with the company working the wells, he started a new Spa for himself, with the aid of one of the doctors who, it would appear, had had some disagreements with the others. Very soon a number of remarkable cures were published, and everything looked most satisfactory. In the course of last winter, however, we were startled by the communication (afterward verified in the law courts) that the new well owed its magnificent powers to the artificial addition of various chemicals. The natural supply having suddenly run short, the proprietor had had recourse to this simple albeit illegal, procedure. There was a tremendous commotion at the time, but now things seem to have settled down again, and the old company, no doubt, feels greatly relieved to be thus delivered of its dangerous competitor.

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**We are Informed** that the "History of Guy's Hospital," a book on which Dr. Wilks has, with the assistance of the late Mr. G. T. Bettany, been some time engaged, will be ready for publication in the course of a few weeks.

**Sir John Arnott,** of Cork, has presented £1,000 for distribution amongst the Cork hospitals. His wife, Lady Arnott, has recently collected £1,600 for the projected Consumption Hospital in Dublin.

**"Cures" for Inebriety.**—It may interesting to our readers, says the *Lancet* to know that Dr. Keeley has issued a writ against the editors of the *Lancet*, claiming damages for libel. Our solicitors have of course accepted service of the process.

**A Movement** is on foot in England to establish a society for the employment of epileptics. There is a very large proportion of this unfortunate class who are unable to obtain work under ordinary conditions owing to the natural objection to engage men or women subject to "fits."

**Proposed Law Regarding Medical Expert Testimony.**—The Minnesota State Medical Society has had the following bill drafted:

Section 1. In all cases pending in the courts of this State, civil and criminal, before or at the time of the trial of said cases, the Judge of said court, when it is made to appear to him that the appointment of experts upon medical, scientific, or mechanical questions is desirable, may appoint such experts to examine into the subject matter in controversy, said experts so appointed to be selected in reference to their impartiality between the contending parties; the number of such experts in each case to be fixed by the Court.

Sec. 2. In all cases where experts are so appointed, the Court is to fix their compensation, and in all criminal cases direct the payment of the same in the same manner as witnesses on the part of the State are paid; in all civil cases the amount so fixed and determined by the Court shall be taxed as disbursements by the successful party.

Sec. 3. The Court may order such experts to examine into any medical, scientific, or mechanical question, and after such examination to testify in court in reference thereto.

Sec. 4. The testimony of such experts so appointed by the Court shall be *prima facie* evidence of the statements and conclusions as to the questions in reference to which said testimony has been given.

Sec. 5. The Court may also fix and determine the amount to be allowed such experts for and on account of any medical, scientific, or mechanical examination, analysis or test, which the Court may deem advisable to have made, and direct the payment thereof, or permit the taxation thereof, as costs, as hereinbefore provided.

**The Proportion** of venereal disease in the Italian army for the year 1890 was 30 per 1000.

**Circular of the Board of Health Relating to Cholera.**—The following are the instructions to be issued by the New York Board of Health in case of the appearance of cholera in that city. They will be printed in English, German, Italian, French, and Hebrew (*Med. Rec.*):

"Healthy persons 'catch' cholera by taking into their systems through the mouth, as in their food or drink, or from their hands, knives, forks, plates, tumblers, clothing, etc., the germs of the disease, which are always present in the discharges from the stomach and bowels of those sick with cholera. Thorough cooking destroys the cholera germs; therefore: Don't eat raw, uncooked articles of any kind, not even milk. Don't eat or drink to excess. Use plain, wholesome, digestible food, as indigestion and diorrhea favor an attack of cholera. Don't drink unboiled water. Don't eat or drink articles unless they have been thoroughly and recently cooked or boiled, and the more recent and hotter they are the safer. Don't employ utensils in eating or drinking unless they have been recently put in boiling water; the more recent the safer. Don't eat or handle food or drink with unwashed hands, or receive it from the unwashed hands of others. Don't use the hands for any purpose when soiled with cholera discharges; thoroughly cleanse them at once. Personal cleanliness and cleanliness of the living and sleeping rooms and their contents, and thorough ventilation, should be rigidly enforced. Foul water-closets, sinks, Croton faucets, cellars, etc., should be avoided, and when present should be referred to the Health Board at once, and remedied.

"The successful treatment and the prevention of the spread of this disease demand that its earliest manifestations be promptly recognized and treated; therefore: Don't doctor yourself for bowel complaint, but go to bed and send for the nearest physician at once. Send for your family physician; send to a dispensary or hospital; send to the Health Department; send to the nearest police station for medical aid. Don't wait, but send at once. If taken ill in the street, seek the nearest drug store, dispensary, hospital, or police station, and demand prompt medical attention. Don't permit vomit or diarrheal discharges to come in contact with food, drink or clothing. These discharges should be received in proper vessels and kept covered until removed under competent directions. Pour boiling water on them, put a strong solution of carbolic acid in them (not less than one part of acid to twenty of hot soap-suds or water). Don't wear, handle, or use any article of clothing or furniture that are soiled with cholera discharges. Pour boiling water on them or put them into it, and scrub them with the carbolic acid solution mentioned above, and promptly request the Health Board to remove them. Don't be frightened, but do be cautious, and avoid excesses and unnecessary exposures of every kind."

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**Registration of Prostitutes** has been the subject of interest in New Orleans of late. The City Council is considering the expediency of passing an ordinance requiring the registration and weekly examination of fallen women.

**The International Congress in Rome.**—It had been arranged by the Organizing Committee of the Eleventh International Medical Congress, to be held in Rome in 1893, that laryngology and otology should be combined in one section. In deference, however, to the representations of the Berlin Laryngological Society conveyed to Professor Baccelli by its President, Professor B. Fraenkel, it has now been decided that each of the subjects referred to shall have a section to itself.

**"A Wise Woman."**—A boy near Berlin sprained his foot in the first week in this month (*Lancet*). His mother fetched a so-called "wise woman" (Kluge Frau) who had acquired a reputation for miraculous cures. She resolved to cure the boy by "sympathy." She pulled and squeezed the foot, repeating formulas the while, till the poor lad fainted with pain. To enhance the effect she scratched the skin of the swollen foot at several places and rubbed ointment into the wounds. Next morning the whole leg was swollen and extravasated with blood. A doctor was sent for and declared the boy to be suffering from blood-poisoning, which rendered it necessary to amputate the leg. The operation was performed in the Charite, and the "wise woman" is to be, or has been, prosecuted.

**Cancer "Cures."**—The announcement of an exposure by a committee of medical investigators of the Count Mattei cure for cancer is satisfactory (*Lancet*). The faith in the alleged remedy was probably very shallow, and those who believed in it will be quite capable of disbelieving in the exposure. Evidence to those who believe in cancer "cures" by pretenders and dealers in secret remedies is very much thrown away. Even if one fraud is exposed another will quickly take its place. The fresh spurt of energy in a newspaper announcement of a provincial remedy is probably to be explained on this principle. The public in these matters is willing to be deceived. It cannot await the slow development of regular medicine. The serious thing is that both in the Mattei business and in others medical men are involved whose professional qualification gives color to the pretension. It will be interesting to see how a certain journalist will take the Mattei exposure. The remedy was accorded a publicity by this gentleman, to which no doubt it owed a certain amount of success. Credulity is not a very safe quality in a journalist, however well meaning and benevolent; but the very least we can expect from him will be that he will give a cordial publicity to the exposure, exhibit some improvement in the critical faculty, and not lightly again lead the public into the indulgence of false hopes of impossible results from distilled water.

**A Young Physician** of Philadelphia is reported to have lost the sight of both eyes by the sudden and unlooked for explosion of a mixture of phosphorus and manganese.

**Young Tobacco-Users.**—According to the *National Druggist*, a Parisian school director recently stated to Dr. Laurent that not only do nearly all the boys of over twelve smoke cigarettes or use tobacco in other forms, but fully one-half of those under twelve, veritable *bambins* or "kids," tots of the tenderest age, use tobacco. To assure himself, personally, of the truth of the statement, Dr. Laurent, in his capacity of school inspector, made the rounds of certain schools, in each of which a half dozen boys of less than twelve were called into a recitation room ostensibly for examination in their studies. The doctor, by a few adroit questions and a little friendly chat with the children, threw them off their guard. Suddenly he commenced to fumble in his clothing; he searched first one pocket and then another, and finally exclaimed, "How tiresome! I have forgotten my tobacco." In an instant four of the six lads had their pouches out and begged the doctor to help himself. We do not doubt that a similar ruse played in an American school would reveal a similar condition of affairs. It is high time that our public school authorities took cognizance of the danger that lies in the cigarette evil among children.

**Female Members** are evidently a source of anxiety to members of the British Medical Association. The peripatetic correspondent of the *Hospital Gazette* says: The special meeting convened for the purpose of considering the propriety of confirming the resolution passed in favor of the admission of female practitioners to the membership of the British Medical Association, takes place on Wednesday next, the 24th inst. As the confirming resolution is not likely to be agreed to without a protest—indeed, I hear that a powerful opposition is being organized—it behooves all of my readers who are favorably disposed to the innovation, and are members of the Association, to put in an appearance at 2 P. M. on that day. The suggestion has been made that it would have been better to have issued voting papers in order to ascertain the opinion of the members as a whole, but Articles of Association can only be altered by complying with the regulations imposed by law for that purpose. The opinion of the provincial members may fairly be claimed to have been expressed at Nottingham, but it remains to be seen whether the metropolitan members, who must almost of necessity be in the majority at the next meeting, are prepared to endorse the policy. What the London men fear is that the admission of women to the Association may prove to be merely preliminary to a similar demand in respect of the medical societies. I must admit that the apprehension is probably justified, but this does not prove conclusively that the proposed step is other than fair and generous.

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**Dr. J. V. Stevens,** of Chicago, has assumed control of *The Annual of Eclectic Medicine and Surgery.*

**Influenza** is reported to be raging in Peru. In some parts almost half of the inhabitants are attacked by the disease.

**Professor Saemisch** has been elected Rector of the University of Bonn, and Professor Binz Dean of the Medical Faculty for the academic year 1892–93.

**A New Medical Journal** entitled *La Region Medica Vasco-Navarra* has recently appeared in Spain. Our new cotemporary is to be the official organ of the Medico-Pharmaceutical College of Navarra.

**Dr. Colvis,** a prominent colored physician of Paris France, died in his home in that city, Aug. 16, age 61. He was a graduate of the Lycee Bonaparte and was very successful in his profession.

**Mignonette for Tapeworm.**—In Russia the flowers of the mignonette are used as a remedy for tapeworm. A decoction of the flowers is made, and the liquid is drunk fasting. The entire worm is ejected in a few hours.

**New Brunswick Medical Society.**—The twelfth annual meeting of this Society was held in the Oddfellows Hall, Saint John, on Tuesday and Wednesday, July 19th and 20th. The meeting was largely attended, there being fifty-seven members present, and proved very successful. The papers read were interesting and well discussed.

**Musical Anus.**—Irate at the seeming supremacy of Boston in medico literary researches, a Chicago classical scholar sends the following from Aristophanes ("Plutus") anent the "musical anus" question (*Med. Standard*):

Chremyle. I have much reflected on the question. 'Tis best that Plutus sleep in the temple of Esculapius.

Chremyle's spouse: So the God came not.

Chrymyle. He did not tarry. When near us—a laughable comedy—my belly swollen like a wind-puffed bladder sonorously sounded most melodiously.

**Leprosy in New Brunswick.**—In a publication on this subject Dr. Hingston says: About one hundred years ago two sailors suffering from leprosy were shipwrecked and cast ashore at a place called Tracadie, on the eastern coast of New Brunswick. They were sheltered by a French Canadian woman. In washing their linen she caught the disease, which she transmitted to her children. By marriage the disease still farther spread, so that at one time there were seventy victims. The number has now diminished to twenty-two, who are cared for by nurses from the Hotel-Dieu Hospital, Montreal.

**Dr. William F. Duncan,** of Williamsbridge, N. Y., died not long since of peritonitis.

**A Deficit.**—According to its annual report, the expenses of the *Journal of the American Medical Association* exceeded its income last year by considerably more than seven thousand dollars. In spite of this we are told (*Ex.*) that the Board of Trustees spent about a thousand dollars attedding meetings. The meetings are said to have been necessary; and further, the Board has arranged to hold quarterly meetings during this year. Outsiders think these meetings could be avoided by proper arrangements, and so this considerable sum utilized in the work of publication. Certainly to avoid bankruptsy the income must be increased or the outgo diminished or both.

**A New Way to Advertise.**—The *Medical News* thinks that doctors on the Pacific slope can outstrip their brethren in Philadelphia in the art of working the "newspaper racket' so as to attract the nimble dollar. Few places are barren of this type of doctors, and each has learned the best methods for his special location (*Am. Lancet*). Some years ago a surgeon of Detroit was having his operations constantly in the columns of a certain newspaper. The method by which he eluded detection was to give the facts to his wife, and she to the wife of a leading writer on said paper. Considerable detective work was needed to unearth this underground railway.

**Rheumatism in Japan.**—It is a strange fact mentioned by Dr. Michaut, of Yokohama, that in spite of its being an essentially moist and rainy country rheumatism in all its forms is a pathological rarity among the natives (Boston *Med. and Surg Jour.*), while the Europeans residing there are almost all rheumatic. This immunity the writer is inclined to attribute to the use of very hot baths which is universal in Japan. The temperature of the Japanese bath is never less than 42° C., and he has been assured that they can endure a bath at the temperature of 50° C. A Japanese bathes once, sometimes twice a day. His skin is more active than that of the European, is thicker and much less sensitive to cold and external irritations.

**A School Boy's Composition on Breath.**—Our breath is made up of air. If it were not for breath we would die. The breath keeps going through our liver, our lights and our lungs. Boys shut up in a room all day should not breathe; they should wait until they get our doors. Air in a room has carbonocide in it and carbonocide is poisoner than mad dogs. Once some men was shut up in a black hole in India; a carbonocide got into that there hole and afore morning nearly every one was dead. Girls wear corsets which squeeze their diagrams too much. Girls cannot run and holler like boys cause their diagrams are squeezed. If I was a girl I would just run and holler so my diagram would grow. That's all on breath.

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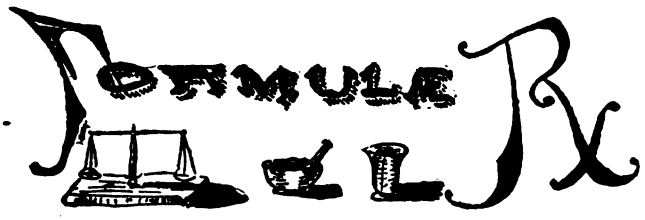


## Cholera Cures.

1. Bevan (prophylactic).

℞ Magnesiæ sulphat., - - - ʒij.
Acid sulfurosi,
Aquæ, - - - - - aa ʒxvj.
Tinct. capsic, - - - - - ʒiv.
M.
Sig. Teaspoonful night and morning.

2. Bevan (therapeutic).

℞ Acid. sulfurosi,
Aquæ, - - - - - aa ʒxvj.
Tinct. capsic., - - - - - ʒiv.
Morphiæ sulphat., - - - gr.ij.
M.
Sig. Teaspoonful every half hour until relieved.

3. Ruschenberger.

℞ Tinct. opii,
Tinct. capsici,
Tinct. rhei aromat.,
Spts. menthæ pip.,
Spts. camphoræ, - - aa p. æq.
M.
Sig. Twenty to forty minims, diluted.

4. Squibb.

℞ Tinct. opii,
Tinct. capsici,
Spts. camphoræ, - - - aa ℥j.
Chloroformi, - - - - - ʒiij.
Alcoholis, - - - q. s. ad ℥v.
M.
Sig. Twenty to forty minims, diluted.

5. Bartholow (in threatened collapse).

℞ Strychniæ sulphatis, - - - gr.¼.
Acid. sulphuric. dil., - - - ℥ss.
Morphiæ sulphatis, - - - gr.ij.
Aquæ camphor., - - - ℥iijss.
M.
Sig. A teaspoonful every hour or two, well diluted.

6. Nakamura (in collapse).

℞ Morphiæ sulphat., - - - gr.x.
Atropiæ sulphat., - - - - gr.j.
Aquæ destillat., - - - ʒx.
M.
Sig. Five to ten minims hypodermically, as required.

7. R. W. Mitchell (where rice-water discharges, cramps, and shrinkage of extremities come on).

℞ Acid. sulphuric. dil., - - - ʒss.
Morphiæ sulphat., - - - gr.½.
Spts. vini gallici, - - - ʒjss.
Aquæ destillat., - - - ℥iij.
M.
Sig. Inject under the skin of the arms, legs, and over the stomach every hour until the symptoms are relieved.

8. Hope.

℞ Acidi nitrosi, - - - - ʒj.
Tinct. opii, - - - - gtt.xl.
Aquæ camphor., - - - ℥viij.
M.
Sig. One-fourth to be taken every three or four hours.

9. Sedgwick (Wm.) (in early stage).

℞ Acidi phosphorici dil., - - ℥j.
Sig. A half-fluid drachm in water.

10. T. M. Lowndes.

℞ Tinct. opii, - - - - ♏x–xv.
Chloroformi, - - - ♏xv–xx.
Spts. vini., - - - - - ʒj.
Aquæ destillat., - - - ℥j.
M.
Sig. Take at a dose.

11. Oates.

℞ Chloroformi, - - - - ♏vj.
Aquæ destillat., - - - - ℥j.
M. Ft. haustus.
Sig. To be given after five grains of calomel and two grains of opium, and to be repeated if necessary.

12. Nakamura (initial stage).

℞ Morphiæ sulphat., - - - gr.ij.
Spts. camphoræ, - - - - ℥j.
M.
Sig. Fifteen minims every three or four hours by mouth, or hypodermically, in severe cases.

**Constipation in Infants.**—Wyeth recommends the following:

℞ Magnesiæ ustæ,
Pulv. rhei,
Oleosacchar. anisi, - aa partes equales.
M.

Administer a pinch of the above three times a day in the constipation of children of one to two years old; if the infant is only some weeks old, use both the rhubarb and magnesia in less quantity. (The oleosaccharum is made by intimately mixing one or two drams of the essential oil of anise with one ounce of finely powdered sugar.)

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**It is** not generally believed that a liquid eye is essential to poring over a book.

**The Dentist** may not be a man of ancestry, but he is one of prominent extraction.

**A Jag** is like a porous plaster. Properly warmed it goes on as slick as grease; but it pulls like thunder in coming off.

**I have** a constant tickling in my throat, doctor, what would you take? inquired the anxious patient.

When you have a tickling in your throat I always take a tickling in my palm, said the doctor.

**No, sir,** replied the druggist; I can't sell you liquor except for medicinal purposes or for use in the arts.

I want this for use in the arts.

In what way?

I wish to paint the town red.

**Disappointed Lover.**—I swallowed the bitterest pill of my life when I saw Maude out riding with that saphead, Grimsley.

His Bosom Chum (with faint attempt at consolation).—Then you never happened to take quinine, did you?

**An Appreciative Subscriber** sent the editor of a weekly exchange a coffin. In returning thanks for it he says:

All that we need now is a lot in the cemetery and a first-class gravedigger. We already have the doctor and the obituary.

**An Old New Jersey Physician** was lately sent for by a two-year-old graduate for consultation in an urgent case.

What worries me, doctor, said the young man, is the dreadful fever; she has had a temperature of from 99 to 100° for the last two days.

**Important to Journalists.**—Editor: I wish I could strike some plan by which I could double my circulation.

Friend.—There are several ways by which that may be done.

How so?

Well, all you have to do is to marry. Then two hearts will beat as one; and, of course, you will double your circulation.

**Wabash Railway Surgeons.** — The annual meeting of the surgeons of the Wabash Railway will be held at Danville, Ill., in November. Dr. Pinkney French, of St. Louis, is the President of the Society.

**World's Fair Rate.**—At the meeting of the Western Passenger Association last week in Chicago rates were adopted for the dedicatory ceremonies of the World's Fair next month. It was agreed that a rate of a fare and one third for the round trip should be made from all points within a radius of three hundred and fifty miles of Chicago, and a rate of one fare for the round trip from points outside that radius.

**The Northern Pacific** is reported to contemplate the construction of a new line from Puget Sound eastward through and over the mountains, via Ward's Pass, and thence by the Okanogan County and Lake Chelan to a point on its main line, thus shortening its route between St. Paul and Puget Sound at least 250 miles. With money all things are possible, and the construction of another line over the rugged wilderness over the Cascade Range, parallelling the Great Northern, is physically practicable if capital considers the tremendous outlay expedient. As the report, however, starts from one of the new cities on the Sound which is named as the intended terminus, it is open to suspicion of being connected with real estate projects.

**Clear the Track!**—Reform is needed on many railways in the matter of handling light wrecks or breakdowns on the road (*Railway Age*). A small wreck when the actual damage done is slight, such as a car with a broken draw-bar and draft-riggings, or a broken or derailed truck, will sometimes delay traffic for several hours, because the trainmen are not supplied with the proper tools for handling such breakdowns, and more generally because they do not know what to do in any particular case. It often occurs that in the class of wrecks mentioned the train men will use their every endeavor to save the car from further damage and block the road for hours, where an official would not hesitate for a moment to ditch the car, only slightly increasing the damage thereby, so as to clear the line and afterwards send for a wrecking crew to remove the wreck. This would cause the least delay of traffic. All train men should receive practical instructions in handling wrecks, and they should also be invested with discretionary powers under which they could act when wrecks block main lines and when traffic is heavy.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Malpractice Suits.

It would seem that of late a certain lack of interest in the commoner affairs of life has seized upon certain members of our population, and turned their thoughts into unaccustomed channels. Some persons have fallen into a quasi-negative state which but slight urging easily changes into a positive condition of malice. At least this is the fact so far as malpractice suits are concerned. A veritable epidemic of these processes at law seems to be spreading over this country and they are recently multiplying with incredible rapidity. Defeat, in no way, serves as a deterrent; and, temporary success acts as a stimulus for the propagation of others. We hear of new suits for alleged malpractice being filed in various localities, others are in the course of litigation; and, taken altogether, it would almost seem as if "a physician's lot is not a happy one."

When we look more closely into this state of affairs we find conditions which have a rather peculiar appearance. In the first place, the plaintiffs are, as a rule, poor and miserable. They sue as "poor persons" and they always claim enormous damages quite out of proportion to the alleged injury done as well as to their social or financial standing. In the next place, these same plaintiffs, in the majority of instances never paid one cent for the services rendered. Furthermore, the physician who is sued has money and is blessed with a lucrative practice. He is a good target and is always first threatened with the suit, so as to secure a money consideration as a compromise. If he refuses and all do, the suit is then entered. This is not all—such a procedure would be too simple, by far. Alleged "experts" are called in to testify for the plaintiff and here it is that the "rub" exists. In too many instances the learned expert witness who discovers the signs of malpractice is the very one who instigated the proceedings in the hope of crippling his more successful rival, or with the desire of crushing one who promises to become a dangerous competitor.

We do not desire to claim that this is always the case; but, it is so frequently enough to be noticeable. In many cases it is some "shyster" lawyer who, ever on the watch for such cases, will undertake to besmirch a reputable physician for a "contingent" fee. The more damages he can secure, the more money he makes.

The conditions presented are rather peculiar. The plaintiff, in a suit for malpractice, is never put to any expense. The suit is always instituted in *forma pauperis* and care is always taken to see to it that the right attorney is appointed to see the case through. The complainant has nothing to lose and everything to gain in an arrangement of this kind. But how does the defendent fare? It is a losing game for him even when he wins. He is compelled to obtain the services of a lawyer, and a good one. This costs money. He is made to dance attendance upon court and this is a clear loss of time which means money. He has the mental anxiety due to such a circumstance as well as the worry due to the harassing accounts which appear in the newspapers. Add to this the actual loss of practice—for there is always such a loss due to the very fact of a suit existing—and the cost is great indeed to one who generally gains the suit, or rather against whom there was no case whatever.

Under such circumstances, it is rather poor consolation to know that one is acquitted of a false charge. The defamatory effect always remains. The many have noted the charge, but it is the very few who have

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learned or cared to learn of the discharge. A wrong, and one whose effects are far-reaching, has been wrought and its intensity is increased by the fact there is no possibility of obtaining redress. A cloud has been cast over a man's reputation, which before that time, had never been sullied by even the breath of a suspicion. An envious or malicious person has had the legal right to do that which no code of law should ever permit—to wantonly injure a reputation without a chance of redress. It is certainly one of the best exemplifications of the fact that law is not always justice; and, equity even, is powerless in such a case. Ignorance and brutality are given the whip handle wherewith to castigate unjustly the honest and humane.

There are two deplorable conditions which are active factors in the production of this state of affairs and, unfortunately they are of such a character that they cannot be stopped. One of these is the envy of one physician of the success of another. He will devote time to discovering faults and shortcomings in another, and will expend energy to the task of exposing them, if possible, which were they exercised in a legitimate manner for the expansion and betterment of personal, professional success would give returns of so profitable a nature that the individual would not only be astonished at, but be equally surprised by the progress he made. Moreover, this improvement would not only be in the line of practice, but in the esteem and respect of all right-minded people in the community. A little vengeance which is ultimately balked of its purpose; a little spite exercised in an impotent manner, is the only practical result attained. Add to this the loss of self-respect, the gain of the contumely heaped on or by others and the total resultant is anything but satisfactory. We cannot conceive that any one should be so short sighted, so foolish as to permit a narrow, bigoted hatred of a small calibre destroy the prospects of what might otherwise be a profitable, honorable, and useful career.

The other condition is that which is brought about by that most despised of all individuals—the "shyster." He has been aptly termed the coyote of the legal profession. Too mean and unscrupulous to ever gain the confidence of a respectable client, he is forever prowling in the purlieus in search of some carrion. He is too cowardly to take his stand like a man, and the disreputable methods to which necessity and a sneaking, cur-like nature first drove him, become a second nature and in time a delight and infatuation which cannot be shaken off, do what he may. These vultures in human shape seek for food in the cess-pools of humanity and, as may be imagined they can never obtain more than sufficient to keep them on the verge of starvation. They are permitted to practice in courts, more's the shame, and to ply their infamous and nefarious traffic with the implied sanction of the law. Could they be expunged, malpractice suits would dwindle to an incredible extent and many an annoyance and pecuniary loss to decent citizens would be spared. The decent members of the legal profession, whilst opposed to these harpies, acknowledge themselves impotent to cope with the evil; for the latter have a sufficient knowledge of the law, coupled with cunning to prevent their being disbarred.

The question naturally arises: Is there no way of fighting this constantly growing evil of unfounded malpractice suits? There are several, in our opinion, but the problem is very much like the one in the fable—who will be the cat? The most simple one is to refuse to attend any patient who is unable to pay a good fee. This would relieve the practitioner of any possibility of incurring the risk of a suit for malpractice. A patient able to pay a fee, will not hesitate to pay for a consultation whenever the attending physician or surgeon deems such necessary and the result will be the best skill attainable will be given to the case. It will be urged, on the other hand, that this is working a hardship on the poor, because of their lack of money. But, there are dispensaries and hospitals in numbers, where no fee or reward is asked or expected. Not being under monetary obligation they will not hesitate to come as often as is necessary and, as a result, better conditions will be obtained. When the poor are so inconsiderate as to jump at an opportunity to defraud a physician of money, besides his services and time, they are surely not entitled to more than a very small share of the philanthropy of those who are most apt to suffer in every respect, as a reward for misdirected charity.

Another solution more difficult than the preceding one is one directly dependent upon the court itself. The only method that would be practical is one which contains a factor that is almost a bar to its feasibility. In a word, it would consist in an inquiry by the court as to whether any grounds existed for the suit. A judge would hardly be the proper personage to pass upon such a question and the only plan which could possibly be carried out would be for the plaintiff and defendent to nominate one, two or more physicians or surgeons and they, in turn, a referee to decide upon the merits of the case. After examining into it, they could decide as to whether just cause for action existed or not. But, here again, we have the question of partisanship stepping in. Personal bias or friendship would have much to do in deciding the question; so that, even under such exceptionable circumstances there would exist a possibility of doing an injustice to one side or the other.

The last method to which we desire to allude is one which is certainly fair, if not impartial. It is one which would, more than any other, put a stop to malpractice suits based upon cupidity or malice. It would require the passage of a statutory act, and would inspire the whole horde of shysters and analogous members of the medical profession with respect. The plan is a very simple one, and permits the victim to obtain redress. A suit for malpractice is, upon its face, defamatory in nature. It is an accusation of incompetency in that particular case. Now, a law which would compel a plaintiff to furnish good and sufficient bond for double the amount sued for, would not only have a salutary effect

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in diminishing the number of straw actions; but, in case of acquittal, on the part of the defendant he would have an opportunity to recover damages for malicious defamation of character. We do not think that it would work harm to the poor. For, if such had good grounds for an action, bond would be promptly forthcoming. On the other hand, where no grounds existed, that would dispose of the matter immediately unless some one foolhardy enough to furnish the requisite bond were forthcoming. In such an event, the defendant would have an opportunity of obtaining some compensation for the injury inflicted. To dream of such a statute is perhaps Utopian. That such will eventually occur seems possible. The medical profession must protect itself or the dangers of medical practice and especially surgical treatment will become such that every spark of humanity will be driven out of the breast of every practitioner of medicine.

**The National Quarantine** should certainly be our most trusted as well as trustworthy safeguard against the importation of epidemic diseases. The New York *Medical Journal* says: Now that the United States Government has taken a hand in the matter of quarantining vessels in the bay of New York, it becomes pertinent to inquire why it has not been done in the regular and, as it seems to us, only legal way—namely, by the Surgeon-General of the Marine-Hospital Service, an officer of experience and of known excellence. If that officer has been purposely ignored by the Secretary of the Treasury, it is an affront to every officer in the service and indirectly to the whole medical profession of the country, as well as a menace to the efficiency of the general government's action in the matter.

**The Physician's Lot** is not always cast in pleasant places says Dr. A. H. Mambert (*Pract. Mo.*); his is not a flowry bed of ease; his position is no sinecure; he sees much of hardship and suffering in others and does not escape it himself; he comes into personal contact with rich and poor, saint and sinner, with all classes and conditions; he comes in contact with their joys, with their sorrows, with their ease, with their sufferings, and his life is tinctured thereby. His life is a peculiarly trying one; about it is a constitutional strain which shortens it by many years over those of other professions. The efforts necessary to get started in practice, contact with contagious diseases, exposure to inclement weather, irregular hours of meals and sleep, insufficient compensation, anxiety over the dangerously sick, all contribute to this undesirable result.

**The Gravity of Surgical Operations** should be told to patients, according to the *Medical Progress*. It continues as follows: At this time, when the desire to operate often, and when wise conservatism gives place so frequently to recklessness, the good old-fashioned way of telling the patient what his chances of recovery are, we are persuaded is not done with the openness and conscientiousness that it should be. We conceive it a most solemn duty for the surgeon, in all cases, to lay open to the patient all the dangers to which an operation will subject him. Yet we are informed that the laparotomists rarely tell patients that the operation they are about to undergo is at all hazardous. Several ladies have told us, who consulted laparotomists and who were advised to undergo an operation, that nothing whatever was said of the dangers which very frequently carry the patients away. This silence on one of the most important featuaes of an operation will do a great deal toward lessening the work of this class of men. But the desire to operate, the infatuation of these men with the fat fees which these operations bring, will be a strong incentive to them to pursue this course in the future.

**Specialists** should enjoy a period of preliminary training in general practice, according to a cotemporary. We find the matter embodied in the following remarks: For many years we have never advised the young graduate to branch out into some special line of work. In fact, our advice has ever been to the contrary. First, obtain a general knowledge of the profession; enter into the work of the general practitioner for years before attempting to give exclusive attention to one branch of medicine. Holding these views, we are pleased with Professor Osler's recent address at Boston. He condemns severely the ready-made variety of specialists. He says they are "an actual detriment to the profession." "How infrequently are we consulted by sucklings in our ranks as to the most likely branch in which to succeed, or a student, with the brazen assurance that only ignorance can give, announces that he intends to be a gynecologist or an oculist! No more dangerous members of our profession exist than those born in it, so to speak, as specialists." Dr. Osler would have every medical graduate a thorough all-around physician and surgeon, with years of experience and study, before he considered himself competent to make a choice as to what special line of work best suited his tastes and skill.

**The Medical Aspects of Crime Prevention** are certainly of the highest importance. According to the *Journal of the American Medical Association*, a governmental report on the Fourth International Prison Congress held at St. Petersburg has appeared under the editorship of Hon. C. D. Randall, of Michigan. We desire to commend the document to all medical men who indulge a taste for the study of correctional reform. An address contained in this volume, by Senator Canonico, of Rome, may be quoted briefly since it places a most remarkable value on the influence that may be exerted by physicians for the reformation of vicious persons. He says: "The physician is, above all, the director of the prison, and he ought to be. Entering with a loving and devoted spirit the place of each convict, seeking to possess his confidence, laboring with

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each according to his disposition; better than any one else he can contribute to the awakening of the conscience. The pivot of prison reform is a good personal direction. But the most essential and difficult matter will be to make the diseased person—that is to say, the prisoner—consent to take the remedy. If he will not take it when properly prescribed the fault will not be in the remedy, nor in the physician, but in the patient himself. We build prisons, but what is more difficult is to introduce into them the spirit of patience." It is without doubt true that of all the persons who come into contact with prisoners the physician is the one who can with the least difficulty win their attention, but to how many of our jail physicians has the thought occurred that they have before them the same line of possible benefactions that gave to John Howard an undying name?

**Shot-Gun Prescriptions** are animadverted upon by the National *Medical Review* in the following terms: These remarks are written as a protest to what may be called the "shot-gun" system of prescribing. If the gun spreads well and if the load of shot be large, it is possible the object may be reached. But the modern science of medicine teaches that the "rifle" system meets all demands and is all-sufficient. One shot, well aimed, should strike the bull's eye and win the prize. If there be no power in drugs we are, of all men, most criminal. There is good, immense good, in medicine. But there should be known "a reason" why each drug is prescribed. To write an intelligent prescription requires great ability.

**The Summer Outing** seems to be a modern necessity. "Change of air" is what everybody is now seeking (*Pop. Med. Mo.*). It becomes, therefore, a matter of importance that such health-seekers should know that the change which they have determined upon shall not expose them to far greater perils to health and life than they incurred at home. It is quite time that an intelligent traveling public should demand of those who assume the responsibility of housing them for the summer holiday some proof that the water is good and the drainage perfect; and that there has been no recent case of infectious disease on the premises. The only way to be sure of this is to apply to the medical officer of health of the place, enclosing a fee, asking him if any case of infectious disease has occurred in the house, and whether he thinks the drainage is good. Each hotel and lodging-house should be provided with such a certificate, but where there is a demand for lodgings it is useless to expect lodging house keepers to go to that expense.

**The Suppression of Tuberculosis** is certainly devoutly to be wished for. Upon this subject he *Lancet-Clinic* says: We note with pleasure that the New York Legislature recently enacted a law to suppress tuberculosis in the milch cow. By this law the health inspectors of the State are authorized to cause to be killed any animal found to be affected with tuberculosis, all the cattle in the State to be inspected. The State will reimburse the owner for the actual value of the cow killed, an appropriation of $5,000 having been made for this purpose. This sum, we venture to say, will by by far too small to meet the demands of such a law, and we hope that a much larger sum will be appropriated in the near future.

This law will affect the largest industry in the State of New York, the milk production of which is greater than that of the milk production of all the other States put together, there being 11,600,000 milch cows in the State. About $40,000,000 worth of milk is consumed in the State yearly.

We hope that Ohio and all other States will follow the example of New York, and that the legislatures of the various States will at no distant day enact similar laws. It is evident that in proportion as we suppress one of the most common causes of this dire disease will we have the satisfaction of seeing the death returns from tuberculosis grow yearly less and less.

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**Pseudo-Membranous Conjunctivitis.**—Dr. Hiram Woods in a paper on diphtheritic conjunctivitis (*Med. News*) says that the following propositions concerning pseudo-membranous conjunctivitis seem to him justifiable:

1. There are two varieties: one of the same nature as primary diphtheria; the other apparently a sequel of many and widely different pathological conditions, having no relation to diphtheria. "Plastic conjunctivitis" seems the most appropriate term for the latter variety.

2. The classical distinction between diphtheritic and membranous conjunctivitis, based upon the presence or absence of infiltration in the tissues of the lids and ocular conjunctiva, is inadequate.

3. The only absolute proof of the diphtheritic nature of a pseudo-membranous conjunctivitis is the demonstration of the Loeffler bacillus, or later, the occurrence of paralysis, or some other sequel of diphtheria. Clinically, the presence of constitutional symptoms is essential to such a diagnosis.

4. The cause of pseudo-membrane in plastic conjunctivitis is not certainly known, and probably it is not always the same. In some cases, at least, there seems good reason to attribute it to the invasion of streptococci, an infectious disease, or catarrhal conjunctivitis, or traumatism, or scrofulous habit, or some other influence lowering the resistance of the tissues and paving the way for infection.

5. Plastic conjunctivitis may be more dangerous to the eye than a pseudo-membranous inflammation undoubtedly diphtheritic, experience showing that the danger is in direct ratio to the degree of lid and conjunctival infiltration.

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**Vegetable Alteratives.**—Dr. Thos. H. Manley has a high opinion of these (*Doctor's Weekly*) more especially in chronic, venereal, tubercular, and malarial diseases. He says that cod-liver oil and its many preparations have held their own well in pulmonary tuberculosis. But there are many phases of surgical turberculosis and those conditions of malnutrition resulting from syphilis, in which the oil is not well borne. Here the vegetable tonics, particularly those rich in alkaline salts, are invaluable. The tincture of hops, decoction of sarsaprilla, gentian, columbo, or chamomile, either may be taken alone or in combinaton. A valuable combination of herb extracts was elaborated in the Southern States by members of the medical profession, as a substitute for mercury and the potassium iodide, during the late war of the Rebellion, when all pharmaceutical supplies were shut out by the blockade and the advancing lines of the enemy. It is known to pharmacists and practitioners as Verrhus Clemiana, and is composed of clematis-erecta, prinus-verticellatus, fraxinus Americana, rhus-glabrum, and one-eighth of one per cent of venanatic acid; all indigenous in the Southern States. He has extensively employed this compound in many cases of chronic, tubercular, glandular and bone diseases, besides other wasting maladies, with excellent results. Indeed, in these times pharmacy yields a large number of vegetable elixirs, so palatable and easy of assimulation that one should always give them a protracted trial in the vast majority of tubercular or syphilitic, bone or joint disease, before any sort of sanguineous operations should be thought of.

**Infantile Cataract.**—Dr. Albert R. Baker concludes from his observation and experience (*Jour. of the Am. Med. Ass.*) as follows:

1. Infantile cataracts should be operated upon early, within the first year if possible.

2. In pyramidal and sonular cataracts in which vision cannot be improved to $^{20}/_{50}$ after fully dilating the pupil, removal of the lens is to be preferred to iridectomy.

3. Fluid cataracts are best removed at once by linear extraction.

4. Soft cataracts including zonular and capsular are best treated by first breaking up the lens thoroughly, and removing a few days later by the combined linear extraction and suction operation.

5. Simple discision is sufficient in very young infants, unless nystagmus should be present.

6. Only one eye should be operated upon at one time.

7. There are a few cases in which it may be advisable to extract one lens for distant vision and make an iridectomy on the other eye, so that a certain amount of accommodotion may be preserved for near work.

**In Convalescence.**—The lack of suitable food for convalescents from severe illness, and in the treatment of typhoid and other low fevers is often felt by the practical physician Milk while of very great use often cannot be taken, and often causes trouble on account of the indigestibility of the casein. The various beef extracts are more stimulating than nourishing, and the majority of the prepared foods offered are either unpleasant to the taste, or difficult of digestion, and unsuited to the needs of the case.

In such cases Malted Milk will form a very welcome addition to the dietary of the sick room. The basis of this food is pure, fresh sterilized milk, in which the casein is rendered digestible by the action of the plant pepsin produced by a special method of malting the cereals originated by the manufacturers. It is pleasant to the taste, simply prepared by dissolving in water, no cooking required, and will be retained and assimulated in many cases when all other foods fail.

**Excision of Cancer of the Rectum.**—Dr. Andrew T. McCosh states in reference to this subject (N. Y. *Med. Jour.*) that the following conclusions can be reached and are approximately correct:

1. The mortality of the operation is about nine per cent.

2. Cases can be successfully operated on when the disease extends higher than the peritoneal attachment.

3. Certain patients are permanently cured, probably about eleven per cent of all cases operated on.

4. In patients who have a recurrence of the disease, excision gives a longer life and a more comfortable one than does colotomy.

**The Antiseptic and Aseptic Habit.**—In treating of some points connected with the etiology, symptomology, and treatment of septic diseases (Ft. Wayne *Jour. Med. Sc.*) Dr. Miles F. Porter says that in all operations of election after sterilizing hands, instruments and dressing and the area to be operated upon he believes it to be best to stop the further use of antiseptics, unless the parts already operated upon are already infected. Operations should be done with as much dispatch as consistent with thoroughness, all unnecessary manipulation and handling avoided. The bed should be ready to receive the patient, and if necessary heat should be applied during the operation, all for the purpose of preventing shock which greatly predisposes to sepsis. The fewer hands and instruments which are put into a wound the better. The big, prominent points in asepsis are easily carried out but the little ones are not so, and for that reason have come to be of the more importance. For instance, one must not reach in his pocket, run his fingers through his hair, open a door,

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handle chair or table after cleansing his hands and then proceed to operate without another cleansing. In short, if we are to reap the full benefits of asepsis and antisepsis, we must constantly study and practice until we have created an antiseptic and aseptic habit. Senn says, and we heartily endorse it, "that a physician and surgeon should have an aseptic and antiseptic conscience."

**Lithotomy.**—In a New York letter to the Atlanta *Medical and Surgical Journal*, Dr. J. Arthur Childs says that cutting for stone in the bladder is not so frequently resorted to as in the days of Gross and others who have given the subject such careful study. The favorite operation in favorable cases is "lithotomy at one sitting," after the manner of its inventor, Dr. Henry J. Bigelow, of Boston. Of course, in cases of stricure of urethra, greatly enlarged prostate, high degree of inflammation of bladder, very large stone or stone encysted or too hard to be crushed, the cutting operation is resorted to, and then we must decide between the perineal and the suprapubic operations, the latter of which is growing in favor, but will probably never supplant entirely the perineal operation, especially in children, and for stones of small size in adults.

**Syphilis.—Infection of Nursing Women.**—Leo (*Der Kinder-Arzt*) cites the following criminal action against midwives:

In the vicinity of Bonn, the custom still exists for parturients to have excess of milk removed by old, toothless women. One of these soiled her fingers on the patient's bed-clothes and passed them over her mouth. Condylomata appeared on her lips. She consulted a midwife, who pronounced the affection of no importance. The woman continued her business, and four of the patients attended by her, became infected with syphilis. Subsequently three of the husbands were contaminated and three children died; one of them with unmistakable syphilis.

Action for criminal negligence was brought against the midwife. At the trial it was held it could not be decided thut she was obliged to recognize the nature of the disease and its dangers.

**Epistaxis.**—According to Dr. T. K. Hamilton (Dub. *Jour. Med. Sci.*) the source of hemorrhage is in a very large percentage of cases from the septum, and for the most part the hemorrhagic areas are within easy reach. Lennox Browne says, "Bleeding from the nasal cavities, uncomplicated by evident rhinal disease, is in my experience nearly always from the artery of the septum, and at a spot at the anterior part of the septum where this artery joins with the ascending branch of the descending palatine artery near the anterior palatine canal." Most authorities agree with this statement; Morell Mackenzie, strange to say, is one of the very few who disagree. He states that the most frequent site of the hemorrhage is to be found on the outer wall of the nose. All the cases I have seen have been without exception from the septum. The turbinate bones do not seem to be more prone to hemorrhage than any other portions of the nose not composed of erectile tissue; and it is worthy of note that hemorrhages are rare from that particular spot on the septum where erectile tissue is found, namely, the tubercle. Again, operations on the erectile structures are not usually attended by much bleeding unless some of the bone itself be removed.

**Alcohol an Aid to Digestion.**—Dr. Erchenberg, a German scientist of much note, has just published (*Diet. and Hyg. Gaz.*) the result of his experiments with alcohol, and he is convinced that digestion is aided by moderate doses of it. The results obtained by Dr. Erchenberg are interesting. A small amount of brandy or whisky shortens the time that food in general, whether animal or vegetable, or a mixture, remains in the stomach by half an hour. A similar, but not quite so marked an effect, is produced by a dose of diluted hydrochloric acid or mustard. Pepper and condurango diminish the time the food remains in the stomach by a quarter of an hour; while beer and an infusion of rhubarb have no effect. Dr Erchenberg, advises persons troubled with indigestion to partake of alcohol before meals.

**A Case of Idiopathic Phlebitis.**—Dr. John O. Brown describes the following case (*Med. News*):

On February 5, 1892, Mr. H., a Swede, seventy-two years old, presented himself, stating that about two weeks previously he had noticed a painful spot on the ulnar side of the left wrist, near the median line, at the site of which a small ulcer formed. A week later the anterior ulnar and basilic veins became painful and swollen so as to resemble thick cords beneath the skin, reaching from the ulcer at the wrist to the axilla. The man had had no chill, and the pain was not sufficient to prevent him enjoying sound and refreshing sleep. He appeared hale and hearty, and there was no indication of the absorption of pus. There was no history of syphilis.

Upon examining the arm I found considerable edema; the skin over the affected veins was of a coppery-red color, looking aa if a broad stripe had been painted from the axilla to the wrist. On the forearm there was a sinus following the course of the affected veins for a distance of about five inches, and discharging pus and serum at the ulcer at the wrist. Above this sinus were several swellings in the course of the affected veins. These swellings were directly over the inflamed veins, and fluctuation could be detected in them.

According to Virchow, idiopathic phlebitis is a comparatively rare affection. Hamilton says that it may result from exposure to cold. Wyeth, in his recent admirable work on surgery, says that from whatever cause it may proceed, it usually affects the veins of the lower extremities.

Taking into consideration the age of the patient—

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seventy-two years—it seems to me that the cause of the condition in the case here reported lay in the senile changes in the enlarged veins, in conjunction with exposure to cold while the patient was engaged in his accustomed light farm-duties in the winter-time. The sluggishness of the flow through the enlarged veins at the wrist resulted in stasis of the blood, which being acted upon by the intense cold, probably became coagulated so as to form a thrombus. This thsombus, acting as a foreign body, gave rise to inflammation in the tissues surrounding the vein at a point exposed to the most movement—*i. e.*, the wrist. Here was the initial lesion, and from this the inflammation spread along the vein.

**Causes of Abortion.**—In a recent lecture, Dr. William Duncan gives the following classification (*Lancet*) of the causes of abortion. He says: The causes may conveniently be arranged under the headings "pathological" and "accidental," as follows:

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| Abortion | Pathological. | Reflex. | Lactation, gastric irritation, neuralgia, toothache, rectal irritation, operations. |
| | | Systemic. | Scarlet fever, typhus fever typhoid fever, relapsing fever, small-pox, cholera, syphilis, chorea, noxious gases inhaled, plumbism, pertussis. |
| | | Local. | Uterine flexions, fibroids, polypi, endometritis and cervicitis, lacerations of cervix, pelvic adhesions, diseases of the ovum or its membranes. |
| | Accidental. | Physical. | Blows, falls, excessive coitus, etc. |
| | | Psychical. | Fright, anxiety, fear, anger, etc. |

**Piperazine in Renal Disorders.**—We learn from *Notes on New Remedies* that, besides forty-seven recent cases in his own practice, Dr. Biesenthal has collected 220 cases from colleagues, in which piperazine has been employed with great success. All the observers agree that piperazine is a very safe remedy in fresh cases of gout, and that even in chronic gout its action very seldom fails, since, especially by regular continued use of the preparation, even in small doses (two to three grammes weekly) it exercises a certain prophylactic action. Piperazine has also proved valuable in all cases of renal colic, and also in numerous hemorrhages of the urine passages. The scope of action for piperazine appears to be capable of great extension, especially in the direction of diseases in which increased uric acid secretion is observed, as for instance in leucemia, in which an absolute increase in uric acid has been determined by Fleischer and Petzoldt, and favorable results obtained with piperazine by Professor Mosler. Also its use in chlorosis is indicated by the investigations of Bartel, and it seems worthy of a trial in croupous pneumonia, emphysema of the lungs, degeneration of the heart, and edema. The results obtained up to the present are at any rate sufficient to show that the treatment with piperazine is not confined to its solvent action on uric acid in the urine, but also on deposits of uric acid in different parts of the body, and the neutralization of free acid in the joints and tissues.

**Use of Water in Fever.**—Dr. J. A. Hopkins states (*Med. Bulletin*) that there is scarcely any form of fever whatever but will be benefited by sponging the patient gently. It may seem cruel at first; but the benefit is soon so apparent and the use of it so grateful to the patients that they will often ask for its repetition. We all know how refreshing and cooling a drink of water is to us in health, upon a warm day in summer; and yet, how much more it is to a patient being burnt up with fever! But, what, perhaps, is a better way of application is to fill a vessel with this cold fluid and pour it in a small stream, from a height of one or two feet, upon the wrist of the sick person for five minutes. By so doing you will rapidly reduce the temperature. The weight of water and the evaporation of it tend very much to increase its good effects. The cooling stream directly over the ulnar and radial arteries tends to cool the current of red-hot blood which is passing through them. The coats of the arteries are contracted, which lessens the flow as well as cools the blood. Within the short time of half an hour you will find the temperature sensibly reduced, and by repeating the application when you find the temperature rising you will be pleased to know you have a remedy which is always safe and sure; the patient always expressing himself as feeling very much better, if he is conscious. You will do in a few moments what you cannot do in hours by internal medication. We ask the profession to try it, and in the way we speak.

**Male Fern Toxicity.**—It has been demonstrated by Quirll and Poulsson says a cotemporary, that oleoresin of male fern may develop its toxic properties when combined with or followed by castor oil, this being due to the solubility of the active constituents in oil, whereby absorption is favored. To avoid accidents, it is hence recommended to employ with this tenicide some cathartic other than castor oil.

**Diarrhea.**—Diarrhea may be subdivided into as many kinds as there are causes (Kansas *Med. Jour.*). It is diarrhea when there are frequent wasting discharges with or pithout pain. It is proper to presume that the patient has been indiscreet in diet, and that somewhere in the alimentary tract there is an irritant. The first indication is to clear the tract by a mild cathartic, supplemented by enemas of warm or hot salt water in the proportion of one teaspoonful of salt to one quart of

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water. When this has been thoroughly done, use sterilized fluid diet. Should medicine be thought necessary, subnitrate bismuth in twenty-grain doses, repeated every hour, may be sufficient.

Should the diarrhea continue after the above treatment, the following will be found of service:

℞ Tinct. opii deod., - - - - ℥ij.
Acid. nitro-muriat. dil., - - ℥vj.
Aq. camphor., - - - - - ℥j.
M.

Sig. Take one-third to one drachm every two or three hours.

Following an attack, careful regulation of the diet during two or three weeks should be enjoined by the physician.

**Pernicious Effects of Unnecessary Examinations.**—Dr. L. S. McMurtry says (Buffalo *Med. and Surg. Jour.*) that it is an error to assume that every young woman who complains o' pain in the back and headache at the menstrual period is the subject of uterine or ovarian disease. These phenomena are part of the constitutional disturbance incident to this important function, and are more or less violent in accordance with the temperament and habits of the individual, and the systemic condition prevailing at the time. A saline cathartic and warm sitz baths to relieve the pressure of congestion, together with rest in bed, will generally beget speedy relief and put the patient on her feet in comfort. How common it is for such cases to be treated with repeated and increasing doses of opium we all know, thus impeding the secretions, arresting elimination, interfering with digestion, and protracting an indisposition which, with ordinary care, will correct itself in a short time.

But of more serious concern is the assumption that the cause of dysmenorrhea consists in a mechanical impediment to the menstrual flow. I do not wish to be understood as implying that mechanical dysmenorrhea does not exist. On the contrary, obstruction and retention from imperforate hymen and cervical stenosis do obtain, but the proportion of these cases is very limited and the symptoms so marked and persistent that their significance cannot be overlooked. The routine practice of resorting to an elaborate examination, with speculum and sound, in these cases is unjustifiable. The custom of making examinations of young girls, with the speculum or otherwise, by mere fact of menstrual pain or irregularity, is more than an error; it is a grievous wrong which cannot be condoned or excused. I would not consume time upon this point were it not that cases are so frequently brought to my knowledge wherein these unnecessary examinations and manipulations are resorted to, producing distressing mental depression and humiliation, as well as pernicious physical effects. This practice, so harmful in its results, and based upon principles quite erroneous, is not common with specialists in gynecology, but is more frequently resorted to by amateur gynecologists engaged also in general practice. When it is clearly necessary to explore the pelvic organs in a young unmarried woman, she should be anesthetized for that purpose.

**Migraine.**—For a case of migraine in a woman about forty years of age (the attacks having recurred once a month at the close of the menstrual flow ever since her early girlhood and for some time past, and attacks having also occurred between the menstrual periods) Prof. Wilson prescribed the following (*Col. and Clin. Rec*):

℞ Ergotinæ, - - - - - gr.iij.
Extract. cannabis Indicæ, - - gr.$^1/_6$.
Strychninæ sulphat., - - gr.$^1/_{60}$.
M.

Sig. In pill three times a day.

She was also given the following laxative mixture:

℞ Aloin, - - - - - - gr.$^1/_6$
Tinct. nucis vomicæ,
Tinct. belladonnæ,
Tinct. physostigmatis, - aa ♏viij.
Ext. cascaræ sagradæ fld., - ♏xxv.
M.

Sig. Three times a day.

The patient stated that she had been treated by inhalations of nitrite of amyl and also by hypodermic injections of morphia with very little permanent effect.

**Infantile Prolapse of the Rectum.**—Dr. Thos. H. Manley says (*Med. Age*) that the fundamental cause of what may be properly designated infantile prolapse is undoubtedly an excess of recto-intestinal tissue. We never see this condition in the suckling babe. It is only when he takes the upright posture, and the hemorrhoidal sinuses become gorged with blood, when the over-weighted intestinal walls overcome sphincter resistance, and, in obedience to the laws of gravity, descend in the direction of the least resistance. This theory is entirely in harmony with well-known facts. From the pylorus down, we see, on examination, the various segments of the intestinal canal, varying in capacity, length and situation. In the process of growth and evolution, we will find nature amply competent to adjust defects and obliterate redundancies. In those cases seen in childhood, there is no other way to account for the immense masses which we see in boys (he has never met with it in female children); for if this were not the case, the bladder must come down in connection with the bowels, which it never does.

**Iodophenin** is obtained by the action of iodine on phenacetin under certain definite conditions (*Ex.*). It was introduced by Scholvien, of Berlin, as a powerful bactericide. It has a crystalline form; a heavy odor like iodine; an acrid, burning taste; and is practically insoluble in water. It is said to act promptly in as weak a solution as 1 to 5000. Besides its bactericidal property, it is said to possess antiseptic and febrifuge properties as well.

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## Brooklyn Letter.

Editor MEDICAL REVIEW.—The meeting of the Medical Society of the County of Kings, called on the evening of September 6, to discuss the subject of cholera, was the largest ever held by that Society, and showed, as was remarked by the President, Dr. Z. T. Emery, that the medical advisors of the city of Brooklyn are keenly alive to present exigencies.

Health Commissioner Dr. John Griffin expressed his gratification that so great an interest was shown, and he felt assured that such action would tend to allay popular apprehension. Furthermore sanitarians had shown themselves fully able to deal with cholera in the past, and with the light which modern investigations had thrown on the subject they would be far better able to cope with it than at any time before, nor was the city ever in a better state of preparation to meet the disease than now.

Dr. Geo. M. Sternberg, Deputy Surveyor General of the U. S. Army, and Director of the Hoagland Laboratory of Brooklyn, said that the bacillus discovered by Koch was now generally recognized as the specific germ of cholera, and that the germ is more easily destroyed than any of the pathogenic micro-organisms, 125°F. being the death point. Ten minutes exposure at 140° is sufficient. The International Sanitary Conference at Rome, in 1885, of which he was a member, recommended the destruction of infected materials, and for disinfection steam at 112° F., carbolic acid, and chloride of lime. Freshly slacked lime is one of the best disinfectants, while fresh chloride of lime is much cheaper than carbolic acid and equally effective. Disinfection of merchandise and the mails is not necessary, for cholera is not propagated that way. Steam under pressure is the only reliable agent in the case of rags in bulk.

Dr. Albert L. Gihon, Medical Director of the U. S. Navy, spoke of the necessity of establishing a National Bureau of Public Health, which is now especially desired by all State Boards of Health, and would be a central organization to unify and direct them. So long as quarantine methods are under control of individual States there will be little respect paid to them by foreign powers. He regarded New Orleans, Charleston, and New York harbors as the only ones properly equipped to meet the invasion of pestilence. In regard to the existence of cholera at quarantine, it is essential that the passengers on the infected ships should be removed, in order than they might not contract the disease. He advised that every physician should be engaged as a sanitary inspector, authorized to go in every house in his district and examine from cellar to garret, and in one week the city would be absolutely clean.

Dr. A. N. Bell, editor of the *Sanitarian*, and of large experience in sanitary matters, deprecated the interference of the National Government in the present emergency, and said that the proclamation of President Harrison had done a great deal of harm; that the measures therein advocated are a reversion to the methods of quarantine in vogue in the Middle Ages. The thing to be done is to take the passengers from the infected vessels and have the vessels disinfected. The ship is the true source of danger. Should several cases be admitted our sanitary resources are sufficient to prevent the spreading of the disease. He regarded the equipment of the New York quarantine as a hundred fold better than in 1878, when there was cholera at quarantine which never reached the city.

Dr. E. S. Bogart, Medical Director of the U. S. Navy, gave his experience in China, on board the Monongahela, in 1878, also on the Ossipee, in Japan, in 1885, when cholera broke out on both vessels, but was thoroughly stamped out with sanitation.

Dr. Charles H. Gravatt, Surgeon of the Naval Hospital, called attention to the fact that while it is not probable that cholera will appear this year, it may come next year, as it has on previous occasions not appeared in the United States until the Summer following its appearance in Europe. The public should be taught that the atmosphere is not a conductor of the germ, but that the danger lies in the infected food and water. He strongly advised cremation for the dead.

Dr. Andrew Otterson, Ex-Health Commissioner of Brooklyn, related his personal experience with cholera in the three epidemics of 1849, 1854, and 1866. He said in reference to the sanitation of houses that the cellars needed special attention, and that architects should provide fire-places in cellars in which fires should be made for purification.

After eleven o'clock several papers were read by title, to be published in the official organ, and the Society adjourned, feeling that satisfactory work had been accomplished.

It may be readily inferred, from what was said, that heat is most potent in destroying the bacteria of cholera. In fact, the whole virtue of steam lies in the heat that is carried with it. No more effectual means of disinfecting the clothing can be devised than the hot air bath, and still more desirable would this be as a disinfectant of the person as well as a corrective of the cholera. The most complete way of accomplishing this would be by providing a vessel with a thorough outfit of hot air baths to meet the infected vessels at quarantine.

CHAS. H. SHEPARD, M.D.

## New England Letter.

Editor MEDICAL REVIEW.—The cholera excitement has started all the little towns and factory villages to clean and prepare for the scourge. The various patent

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medicine men are out early with mixtures to cure such cases. One large firm has sent out a hundred men at once to introduce a cholera specific, and cover the barns and fences with claims of its value. The recent graduates and the irregulars are ready with the noble army of clergymen to furnish certificates of its value. In the meantime all the cases of intestinal disturbances are called cholera, cholerine, or threatened cholera which the skill of the physician averts. Every New York and Boston newspaper, as well as every other paper which give full details and symptoms of the progress and growth of cholera is making an active focus for the spread of this disease among the neurotic readers, with far more fatality than the poison germ itself. An unknown number of nervous persons who read such accounts always suffer from the mental contagion, of incorporating these symptoms as a part of their present condition, and, of course, will die. The newspaper accounts are literally dangerous and should be suppressed and checked, the same as filth and nuisances are removed.

The Borden tragedy starts up some comment on the medical examiners' slack methods of examination; and the want of thoroughness in the post-mortem. On the examination before the magistrate the usual sharp differences of opinion appeared in the medical testimony. The fact was brought out clearly that physicians are not, as a rule, well trained in medico-legal questions, and appear to great disadvantage in the court-room. If the drug experimenters would give attention to the leading questions of medico-legal import, likely to come up any day, they would appear more learned before court and jury.

Medical politics in New England is not very prosperous, physicians are not anxious to give their rivals a favorable opportunity to strike at their weakness. Hence, but few men appear as office-holders, and when they do always become sadly involved in various complications, which mar their usefulness as scientific men. The societies always wake up this month, and begin their round of papers, cases, and endless discussions. Many of the best papers and discussions rarely appear in print, while often the poorer and more commonplace truisms are sent broadcast under the impression that they are new to science. The fact is that most of the current literature is of real educational value to the author and no other. If the author is a growing man he will rise above the dead levels of text-books of students and many see some facts that are not clearly observed by others. This growing tendency to prepare and read papers on all branches of medicine is very hopeful and should be encouraged.

A physician who became famous as a poet and scholar, Dr. Parsons, of Boston, recently died at his summer home at Scienate. He was feeling badly and went to an open well to draw some fresh water when he suddenly disappeared. Later, he was found drowned, and it was ascertained that he died from an attack of apoplexy and fell in the well. He was famous for his original poems and translations and studies of Dante. So few physicians are literary men that this event will be noted extensively. T. D. C.

## Low Fees.

Editor MEDICAL REVIEW.—Much has been said of late in medical journals about the low standing and poor pay of the medical profession, but there are reasons for all this in this State at least. Here we have a large number of so called beneficiary societies and some of them employ a physician by the year or month to attend their members and their families, and always at rates of which the profession ought to be ashamed. A year or two ago I was asked by a certain society composed of Englishmen exclusively what I would charge per month to attend the members. I named my price and was not at all astonished when told that Dr. M. was doing the work for *twenty five cents* a month per head. Well, I answered, he probably knows the value of his services. What kind of estimate will the public put on a learned profession the members of which assume such a position? There are whole cities in this State that are so honeycombed with this disgusting system that a decent physician with a fair amount of self respect cannot get a living in them, though there is much less than the average number in proportion to the population.

Here is another custom just as bad, and for which we, as a profession, are alone to blame. The Southern Pacific Railroad Co. own and operate the entire railroad and steamboat system of the State, practically. They have a hospital at Sacramento and one at Oakland and they pay a physician at each. All over the State at distances of about two hundred miles there is a railroad surgeon. Paid? Oh, yes, of course. When one of these distinguished "surgeons" wants to ride on the road he does so on a free pass! The worst of it is that the Company have no trouble to get all the doctors they want on these terms. Is it any wonder that there are hundreds of good men in the profession who are not able to earn a decent living for their families and retain their self-respect? Is it any wonder that our profession has no particular standing in the community but belongs to the bread and butter brigade? Is it any wonder that men who are graduates of first-class schools and begin as honest workers in a profession of which they are proud, weary with the struggle with poverty and unscrupulous competitors and become advertising quacks? The wonder is that so many bear the burden without reward. When the members of the medical profession respect themselves the public will respect them and not before.

Jackson, Cal. F. HUTCHINS, M.D.

## Professional Dignity.

Editor MEDICAL REVIEW.—I write to lend my humble indorsement to your article in your issue of August 27, 1892, upon the subject of "Professional Dignity." You simply strike the "key note" with clear distinctness which every medical editor in the land should do.

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No doubt exists in my mind but just the things named therein have done as much to lower the standard of high but modest dignity which the profession of medicine should ever maintain. I simply do a country practice, and have for fifteen years. My advantages have been but meagre; but, one thing I have never yet done is to visit a patient in my shirt sleeves, it matters not how poor or humble the abode of the sick visited, nor how hot the weather, or much the desire for comfort I have always felt that it would be lowering to the dignity of medicine to do so. I never saw any expression of any medical man, editor, or what not, upon this subject before. The article referred to containing this item with other very pertinent ones therefore strikes me with such unusual force as corroborative of my own original thought upon this simple little item in professional life that I cannot forebear to write you, however unappreciated it may be. Besides, the "letter to the young physician" which recently appeared in the *National Medical Review* containing such good and altogether wholesome advice, is exactly in point and should be read by every physician in the land. Hoping I have not too much infringed upon your valuable space I am, dear sir, with great respect, yours truly,

Coopertown, Tenn. S. W. Frey, M.D.

**Hereditary Chorea.**—After reporting some cases and discussing the subject (*Am. Ther.*) Dr. L. C. Stephens thinks the following propositions are deduced:

1. That however similar the two affections—the "Sydenham" and the "hereditary"—in their clinical features, the pathology is entirely different.

2. That statements as to the exact location of the cause of the latter are conflicting and amount to the dignity of a conjecture.

3. That the former is successfully controlled by arsenic and the bromides, while the latter, if not aggravated, is not affected by the treatment.

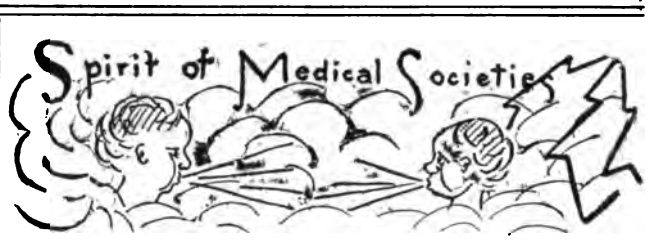
4. That no remedy has, as yet, been discovered, whose therapeutic agency has been the least efficacious in aborting or checking the progress of the malady.

## An Endorsement of Tritica.

The Searle & Hereth Co., Chicago, Ill.—

Gentlemen—Some months ago I received a sample of Tritica. I am slow to take hold of new remedies and never use any in my special practice until I have had time and a chance to carefully test the same with patients under my own personal observation. I have now had an opportunity to give Tritica a pretty thorough trial in about a dozen cases and am fully satisfied that its medicinal virtues are all and more than you claim for it. One peculiar merit it possesses is the quickness of action, and another the freedom with which it can be given in inflammatory diseases. Yours,

Creston, Iowa. Albert Dunlap, M.D.




**Tumor of the Clitoris.**—M. Berlin presented to the Soc. de Med. et de Clin. de Nice (*Nice-Med.*), a tumor of the clitoris which he had removed. It was one by two centimeters in size and shaped like the organ that gave it birth; the surface, in the fresh state, was of a lively red, velvety, and secreted a sero-sanguinolent liquid. The tumor developed rapidly and from the pain it caused it was believed to be an epithelioma. The early ablation was indicated on account of its rapid growth and the intolerable pain it caused. The thermo-cautery was used. A microscopic examination of the tumor proved it to be a simple hypertrophy of the clitoris.

**Upward Dislocation of the Hip.**—Dr. L. A. Stimson presented to the New York Surgical Society (N. Y. *Med. Jour.*), a man, forty years old, who had been admitted to Chambers Street Hospital March 10, 1892, with an upward dislocation of the right hip, and said that the details would be given a subsequent meeting. A photograph showed the attitude: slight abduction, full extension, and outward rotation of 90° of the thigh. The head of the femur could be seen and felt just beneath the skin; its upper border was an inch below the level of the anterior superior spine of the ilium, and it lay wholly outside of a line drawn directly downward from that process. Reduction was easily made by traction on the partly flexed limb and direct pressure upon the head. The patient had been in the hospital five weeks and was now well. The only mark visible was a crease in the skin where the head of the bone had nearly come through.

**Depressed Fracture of the Superior Maxilla—Elevation of the Fragments from Within.**—Dr. D. D. Crowley reported to the California Academy of Medicine (*Occidental Medical Times*), a case of facial fracture. The patient, a baseball player, had been struck on the malar bone by a baseball. There was a depressed fracture of the malar bone and superior maxilla at their junction. It was impossible to raise the fragments. The floor of the orbit was also displaced, the eye bulging forward; both the nasal and malar processes of the superior maxilla were flattened and depressed into the antrum. The speaker made an opening under the lip, in the canine fossa, into the antrum, an ordinary urethral sound was passed through it, and by carefully manipulating it the malar bone was raised, with the aid of the finger, well back in the zygomatic fossa. There was no subsequent loss of bone, or even suppuration, and the small opening made in the antrum is nearly healed.

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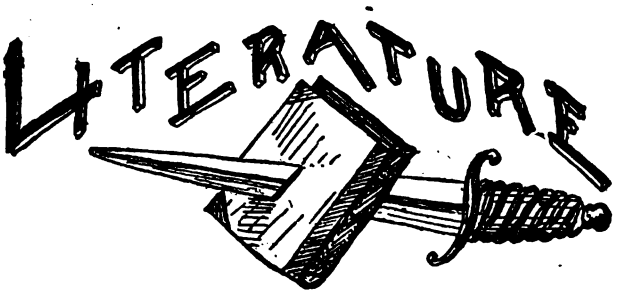


**An American Text-Book of Surgery for Practitioners and Students.** By Charles H. Burnett, M.D., Phineas S. Conner, M.D., Frederic S. Dennis, M.D., William W. Keen, M.D., Charles B. Nancrede, M.D., Roswell Park, M.D., Lewis S. Pilcher, M.D., Nicholas Senn, M.D., Francis J. Shepherd, M.D., Lewis A. Stimson, M.D., William Thomson, M.D., J. Collins Warren, M.D., and J. William White, M.D. Edited by WILLIAM W. KEEN, M.D., LL.D., and J. WILLIAM WHITE, M.D., Ph.D. Extra Royal 8vo., pp. 1,209. Profusely Illustrated. [Philadelphia: W. B. Saunders, 913 Walnut Street. 1892. Price, Cloth, $7.00; Sheep, $8.00; Half-Russia, $9.00. Sold by subscription only.

We do not remember having seen a better, or more complete, or a more valuable work on surgery than the present one. It is what it purports to be and much more. It is a most valuable monument to the skill and ability of American surgery as exemplified by its foremost exponents. We will confess that we have not been able to read but a very small portion of this large treatise; but, this is certainly sufficient to impress any one with the fact that the work is one which is *facile princeps* among treatises on surgery. No surgeon, we are certain, will be without it simply because he cannot afford it. A work of this character is not written for a day or a year; it is one of the guide posts of an era. It will remain for many years one of the imperishable evidences of the progress surgery made in the nineteenth century. Whilst not the work of a single mind or pen, the whole is singularly well connected and continuous, showing the harmonious plan upon which all the contributors worked, as well as their singleness of purpose in making it a good work as well as one which is complete in its scope.

The names of the contributors alone would suffice to convince any one of the value and worth of their combined labors. Each one has already achieved a reputation of the most flattering kind—not to say fame—as a surgeon and expert in some particular branch of surgery. Mr. Saunders, the publisher, was quick to grasp the full import of such a combination of talent and he certainly deserves well at the hands of the profession, for his energy, liberality and pluck in accomplishing what we know must have been a herculean task. We desire also to refer more particularly to the most excellent work of the editors, in so arranging the various contributions as to make one complete, harmonious whole of the vast amount of material which must perforce have been in a more or less chaotic condition until so placed as to make one work arranged, as it is, upon such an excellent plan.

We cannot make an analysis of this work; a bare mention of its good points alone would occupy much more space than we can give in justice to ourselves, although no amount could do more than justice to the work. It has been divided into four Books. Book I, deals with General Surgery, formerly known as "Principles." The opening chapter is a most excellent one in which the difficult subject of surgical bacteriology is considered. Inflammation (including karyokinesis), the traumatic fevers, suppuration and abscess, ulceration, gangrene, septicemia, pyemia, and the various surgical diseases including syphilis and tumors are all considered in a full and practical manner, and in one showing the direct relationships of these surgical conditions to other processes of a morbid character. Book II, deals with Special Surgery which includes surgery of the vascular system, of the osseous system, fractures, dislocations, orthopedic surgery, surgery of the nerves, of joints, diseases of the skin, etc. In Book III, we find a portion of the work devoted to Regional Surgery. Diseases and injuries of the head, surgery of the spine, of the respiratory organs, of the genito-urinary tract, of the female genito-urinary organs, of the eye, of the ear, of the digestive tract, diseases and injuries of the neck, of the abdomen, etc., form the subjects which are dealt with in this portion. Book IV, is devoted to operative surgery in which methods of the highest value are presented to the reader. Here we find the general principles given, anesthesia, plastic surgery, ligation of arteries, operations on bones and joints, amputations, and minor surgery. From the above partial list of contents, the reader may form a feeble opinion of the range covered by this work. Whilst each one is not elaborated to that extent which we would expect to find in an exhaustive monograph, it certainly contains not only the essentials but much more of the latest and most valuable additions to the art of surgery.

One of the features of the work is the illustrations. There are thirty-seven plates and 473 wood-engravings, for the most part original. The opening chapter is fully illustrated with splendidly executed plates of the various microorganisms, in addition to a number of text wood-cuts. The illustrations and plates are profusely distributed, but we cannot do more than allude to their universal excellence. Before closing this reference to this feature we desire to call attention to the plates illustrative of bandaging which are models of their kind and being photo-engravings, illustrate the examples of the author each instance being a madel of its kind and a specimen of work which is certainly most worthy of being emulated.

The book itself, while rather a ponderous tome, is gotten up in the highest style of the typographer's art. The paper upon which it is printed is of a superior quality and shows up the illustrations in a very good

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manner. The plates are printed in the highest style of art. The type is large and clear, and throughout the catch words are printed in a heavy-faced type which is of great value and convenience to the reader.

The index is singularly full and complete. It is built upon an intelligent plan, easily understood and cannot but prove of the greatest use to the reader when in search of any particular point.

We can safely predict a very large sale for this work. No one pretending to practice the least bit of surgery can afford to be without it and we would urge every general practitioner as well as every surgeon to subscribe immediately for this work.

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**Case of Tape Worm.**—Dr. W. E. Holland gives the following in the *Times and Register*: I send you a case that has puzzled a number of physicians, and which I have brought through successfully.

A young lady, aged twenty-three years, sick for six years. Began with pain in the head, attending giddiness, and cutting abdominal pain. All the symptoms occurred at the same time. Sometimes constipation exists, again looseness, lumbar weakness. The cutting pains occur thrice daily, after which she is weak and nervous. Appetite irregular, at times excessive; urine dark. Frequent vomiting after meals, ten or fifteen minutes; headache not constant, but violent; nights have been disturbed, and again too sleepy; tongue heavily coated. Diagnosis, tape worm.

I gave the following treatment with result as stated:

℞ Hydrarg. chlor. mitis, - - grs. xv.
Sig. At night.

℞ Ext. eth. filicis maris. - - - ℥ij.
Syr. aurantii. - - - - - ℥j.
Tinct. card. comp. - - - - ℥ss.
Mist. acaciæ. - - - - ℥ijss.
M.
Sig. Tablespoonful *ter in die* on an empty stomach.

She has passed pieces of tape worm one-half inch wide, the longest portion being fifteen feet. In all she has passed about fifty-five feet.

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**The Medicinal Value of Antikamnia.**—Among the few modern synthetic chemicals, which may justly be termed true derivatives of the coal-tar series, antikamnia is intensifying its hold upon the confidence of the profession, so that now, as the statistics will show, it is prescribed in excess of any of the preparations of this class. That this faith is justified in practice, is evidenced by its unfailing remedial properties in rheumatism, sciatica, neuralgia, the pyrexia superinduced by sunstroke, hemicrania and la grippe (influenza and dengue); also all neuroses due to irregularities of menstruation. Antikamnia is a true derivative from organic substances, and its widerpread adoption by the profession has made it the basis of a market for the imitators. After all 'imitation is the sincerest flattery."

**The German Naturalists' Society**, which was to have held a meeting at Nuernburg, did not meet on account of cholera.

**At an Inquest** recently held at Leicester, it transpired that the deceased woman had been in the habit of buying diachylon in the lump and eating it to procure abortion. So far as the evidence goes, it would seem that the process was effectual.

**Dr. A. R. Brown Horner,** who was Surgeon and Medical Director U. S. Navy, died last month at Warrenton, Va., aged 88. Dr. Horner had served sixty-five years and six months in the navy, and at the time of his death was the oldest medical officer, with the relative rank of Commodore. He was three times appointed Surgeon-in-Chief of various squadrons, for many years was appointed on the Naval Medical Boards, and by seniority became Surgeon-General of the Navy.

**Sunday Drug Store.**—The pharmacists of Danville, Va., have made a good move in determining among themselves to keep one store open in rotation on Sundays—all others of the city being closed except for two hours in the morning and two in the evening of that day. This allows the drug clerks much needed rest, and yet amply supplies all the demands of those who may need medicine on the Sabbath. Other towns and cities would do well to adopt some such system.

**Nil Sub Sole Novrum.**—A writer to the *Medical Standard* writes the following startling item:

But is there anything new under the sun? The journals are now passing around the great advantages of the "postural treatmentl' of shoulder presentations, impacted head and even hernia. It is alluded to as a recently discovered method, quite a new thing. He "caught on" to that more than ten years ago. Dr. M. B. Wright, of Cincinnati, spoke of it years before that. He was acquainted with an old midwife, uneducated, but possessing a large amount of good common sense. He read to her an article in the June issue of one of his journals. "Law, sakes! Doc.," said she, "has them big doctors just found that out? Why I have always done that." He also showed the article to an old non-graduate, who does not take any medical journal (sometimes borrows his just to see what's going on). "H—ll," he blurted out, "that's an old trick of mine; I thought that any blanked fool knew that the baby would drop down, and pull the head loose so you could turn it."

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**Inoculations Against Cholera.**—A series of experiments have been conducted in the laboratory of the Berlin Institute for infectious diseases with the object of ascertaining the possibility of procuring immunity from cholera by inoculation. A long course of experiments on guinea-pigs were made, and it is stated to have been established that immunity was obtained by repeated inoculation. The cholera bacillus was cultivated for the purpose in an aqueous solution of cellular tissue especially of the thymus gland.

**Progressive Homeopathy.**—A sapient contributor to the *Medical Era* unburdens himself of the following remarkable lucubration:

I was fortunate to pick up at a sale, 11 vols. of the *Homeopathic Review* for a few shillings. These have been invaluable to me, supplying the place of oral instruction in homeopaphy, and it is a striking proof of the science of our system, the volumes being from 20 to 30 years old. Nowadays, allopathic (?) literature that is 10 years old is put on the shelf as antiquated and useless. Not so homeopathic literature, dealing as it does with facts that cannot change.

**Christian Science as a Ground for Divorce.**—It seems generally to be believed that laxity of divorce is a peculiarity of the Western States, and that Illinois and South Dakato are the localities specially favored by those who desire to be freed from marital incompatebility without much regard being paid to the reasons offered (*Ex.*). It is doubtful, however if any State is more lax than the staunch old Puritan State of New Hampshire. One of the grounds in this Commonwealth is treatment such as seriously to injure health or endanger reason. The husband, in a recent case, informed the court that his wife was a believer in Christian science, and practised as a faith-healer. As a result he became morose and despondent, so that physicians believed that if matters went on his reason would be endangered and his health seriously injured. The divorce was promptly granted.

**Precautions Against Cholera in Boston.**—The City Board of Health are taking active measures to prevent the importation of cholera and to take charge of it should it appear (Boston *Med. and Surg. Jour.*). The Mayor has recommended a twenty-days' quarantine for all vessels carrying steerage passengers, sailing later than Septembet 5. Additional accommodations are being built on Gallop's Island; and the Board of Health are prepared to occupy other islands in the harbor should it be necessary. Other departments of the City Government are to be held in readiness to assist the Board of Health, and several buildings in the city are in condition to be made into temporary hospitals at short notice. All immigrants, on arrival at quarantine are, much to their surprise, given a bath; and their clothes and baggage are disinfected by steam. Orders have been issued to the police to enforce cleanliness as far as possible.

**Adulteration** seems to be influenced by the demand exercised for a certain article. The sanitary inspector of Moscow, Russia, recently found that out of eleven samples of carbolic acid, obtained in different drug-stores, only two passed muster. The remainder were either gross imitations or merely contained an exceedingly small quantity of the antiseptic.

**She Will Wait Awhile.**—One of the most remarkable cases on record of dependence in faith cure is that of a Dexter woman who is reported as having become so infatuated with the Christian Scientist theory that she laid away on the shelf her false teeth she had worn several years, declaring that she had faith that natural teeth would grow again. She has waited patiently for this result for six months, but for some inexplicable reason the new teeth yet delay their coming.

**At St. Thomas' Hospital** considerable changes have again occurred. Death has removed no fewer than three members of the consulting staff, Sir James Ridson Bennett, F. R. S., Dr. Barker, and Mr. Le Gros Clark, F. R. S. Dr. Bristow, F. R. S., having completed the additional term of office granted to him, retired in January, and the number of physicians is now again four. (There are still, however, only three assistant physicians.) Dr. J. F. Payne succeeds Dr. Bristowe as joint lecturer on Medicine in the school. Dr. Bristowe, Mr. Sydney Jones, and Mr. Croft have been placed upon the consulting staff.

**Cholera No Mystery.**—We might lay aside all pedantry and mystery-talk of "epidemic constitution," "pedantic waves," "telluric influences," "cholera blasts," "cholera clouds," "blue mists," and the like terms of art with which an amiable class of meteorologists had delighted to cloak ignorance. Asiatic cholera was "a filth disease, which was carried by dirty people to dirty places." "Filth disease" was the plain English for zymotic, and it was sometimes the victims of the "dirty people" who were the carriers of the poison; it only developed where it found dirty places in the sanitary sense, and dirty habits of drinking polluted water and living on polluted soil.

**A French Physician** has discovered that a solution of citric acid in water, containing some eight grains to the litre, is fatal to the cholera bacillus, and that twice this strength is destructive of the typhoid germ (*Ex.*). This is a comforting assurance, because we can protect ourselves against the effects of contaminated water by absorbing lemon squashes, which contain far more than the required proportion of the bactericidal acid, in addition, according to recent analysis, to an appreciable quantity of lead. While we welcome this intelligence we must confess to a certain scepticism in respect of conclusions based on laboratory experiments, the more so as the clinical proof of their reliability must necessarily be difficult and even impossible to obtain.

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**Napoleon's Pulse.**—According to Corvisart, the normal pulse rate of Napoleon Bonaparte was under forty beats in the minute.

**The New York Medical Record** had several columns of cholera news in a recent number from which we have appropriated several items.

**The Brooklyn Medical Journal** has issued an extra number devoted to the discussion of cholera. This is an opportune move upon which we desire to congratulate our enterprising cotemporary.

**London Hospital.**—Dr. Sansom has resigned the Lecturship on Forensic Medicine and Public Health, and in future Dr. Ralfe will lecture on Public Health and Dr. J. F. Smith on Medical Jurisprudence and Toxicology.

**Medical Journals** throughout the world are devoting a considerable amount of space and attention to the cholera question. The situation is being discussed from every point of view and considerable alarm still prevails over the *status quo.*

**Dr. J. Albert Kimball,** of New York, aged about 49 years committed suicide August 16, 1892, by cutting his throat. Dr. Kimball will be remembered as the inventor of numerous little contrivances and the editor and publisher of "*The Dentist Himself*" of which only one number was issued.

**Cremation of Those Dead from Cholera.**—Some of the German medical journals are agitating in favor of the compulsory cremation of all who have died of cholera, as the surest means of preventing further infection of the soil by the bacilli which their corpses contain. The health authorities of New York have disposed of the bodies of all those who have died of cholera at Quarantine by cremation.

**The Success** of the *British Medical Journal* has been almost phenomenal (*Canad. Pract.*). Dr. Withers Moore, the past-president of the Association, recently expressed the opinion that such success was largely due to the management of the able editor, Mr. Ernest Hart, who, he said had brought *The Journal* to such a pitch of excellence that it was a sort of model journal for all the medical journals throughout the world. The staff is a large one, and includes Dr. Dawson Williams, who is an able assistant to Mr. Hart. Mr. Fowke, the general secretary, is said to have great business and executive capacity. The revenue from advertising during the last year was $70,009, a very respectable sum, and quite an assistance to a journal of any description. In addition, the sums received for subscriptions and sales of *Journals* amounted in the aggregate to over $80,000 during the year. The total annual revenue is now about $155,000.

**It is Estimated** that over four hundred physicians have visited Hot Springs, Arkansas, during the past six months.

**Dr. Georg Herman von Meyer,** formerly Professor of Anatomy in the University of Zurich, died in his native city of Frankfort-on-the-Main a few weeks ago. He was seventy seven years old.

**An Army Medical Board** will be in session in New York City, N. Y., during October, 1892, for the examination of candidates for appointment to the medical corps of the United States Army, to fill existing vacancies.

**A Fatal Curiosity.**—A weaver in Accrington, England, put a turpentine stupe over his abdomen for relief of a severe colic. It did not seem to burn as much as it ought, and he struck a match to see what was the reason. The match ignited the turpentine and the man was burned to death.

**At St. Bartholomew's Hospital** there have been several changes. Sir William Savory has retired from active work in the wards, and has been appointed consulting surgeon. Mr. Morrant Baker has resigned. Messrs. Marsh and Butlin have been elected full surgeons. Messrs Bowlby and Lockwood have become assistant surgeons.

**In Germany** vendors of drugs as cures for different diseases are being summarily and severely punished by the courts. In the Rhine province the vendor of a cure (a solution of tartar emetic) for the liquor habit, and a nervinum and Saint Jacob's drops for dropsy, has been sentenced to the penitentiary for two and one-half years. In Freiburg another received two years for selling an arcanum for mouth and clove diseases, while still another was imprisoned two years for vending "*wunder balm.*" In Thybingen a vendor was sentenced to eighteen months. No laws exist in Germany to prevent this kind of traffic, but the judges have taken the law in their own hands and propose to prohibit the vending of so-called specifics for certain diseases.

**A Humerous Cotemporary** argues the matter of alcohol in cholera on different lines altogether from what it has been, heretofore (*Hosp. Gaz.*). The germicidal effects attributed to alcohol are denied at any rate, in respect of the dilutions habitually consumed as beverages. What the alcohol does is to intoxicate the microbes, and render them merry and indisposed to exertion. Moreover, when the pathogenic microbe finds its way into the stomach of the abstainer, the healthy appearance of the parts sharpens its appetite, and it forthwith sets to work "as 'tis its nature to." When, on the other hand, its habitat is the stomach of the inebriate. the smell of intoxicating drinks warns the microbe that it is on licensed premises, and that if is does not leave before closing time it will be "chucked."

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**The Medical Students of Geneva,** about two hundred and forty in number, are largely drawn from the eastern countries of Europe, Roumania, Servia, Russia, Turkey, etc.

**The First Mexican Medical Congress** will be held in the City of Mexico, December 6, 7, 9, and 10, 1892. Dr. Carman Y. Valle is President, and Dr. Louis E. Kuiz, General Secretary.

**Suppressing Hydrophobia.**—The success which has attended the measures taken by the Germans, for the suppression of hydrophobia, has been so marked as to lead M. Jules Roche, French Minister of Commerce, to propose similar means.

**The Women** of New York, Pittsburg, and other cities have inaugurated a crusade against the spitting nuisance. Objection is made to spitting in the public highways on the ground that the sputum is an established factor in the spread of disease.

**A Welsh Doctor** refused to give a patient a sick benefit certificate, whereupon the patient shot the doctor. The jury convicted the shooter, but an expert pronounced him insane. These things did not occur in the wild and woolly West, but in civilized, censorious, cocksure Great Britain.

**The Illinois State Board of Health** has during the week ending September 9, issued State certificates entitling to practice medicine and surgery in Illinois to the following physicians: A. W. Barraclough, E. N. Case, J. C. Culbertson, C. J. Heyman, O. E. Larkin, K. L. Norgren, T. D. Rogers, George E. Shuey, Wm. Trudgeon, of Chicago; Rudolph Eichler, Meridosia; M. B. Stukey, Galesburg; N. P. Thompson, Marine; J. E. Tremaine, Hyde Park, and L. A. Westgate, of Sycamore.

**"How Can I Help This, My Favorite Medical Journal?"**—The following from one of our most esteemed exchanges embodies such good advice that we copy in inserting our own name. We return thanks to the writer of the item:

You can subscribe for it and keep your subscription constantly renewed.

You can speak of it and of its helpful, practical character to your medical friends and at medical gatherings. You can loan one a marked copy occasionally.

You can submit your best professional ideas and experiences for its pages, in return for the good you have gotten from them. Use either your own original discoveries and observations, or make brief abstracts of articles you have found to be of particular value to you from other sources.

When you patronize an advertiser you can take the slight trouble to tell him that you are brought to him by the MEDICAL REVIEW. This will please him, help us, and will not hurt you.

**A Potent Sanitarian.**—The Ameer of Bokhara had ordered a cleansing of the city, but hearing that there was a revolt (*Sanitary Era*) against this order on the part of the dirt-loving inhabitants, his Highness at once commanded the execution of every subject who did not carry out the new sanitary regulations within a week. A reasonably civilized modicum of this vigor in American cities would tend not to destroy men's lives, but to save them.

**The Committee on Organization** of the Pan-American Medical Congress will issue the preliminary announcement of the Congress within a few days. This announcement will show that the organization has been perfected in almost every colony and country of the Western Hemisphere. The local medical societies in each of the constituent countries are made auxiliary to the Congress, which will be held in Washington, D. C., September 5, 6, 7 and 8, 1893.

Dr. Reed, of Cincinnati, Secretary-General of the Congress and Chairman of the Committee on Organization, announces that after extended correspondence between himself and Dr. Maragliano, of Genoa, General Secretary of the International Congress, the date of the Rome meeting has been finally and definitely set for September 24, of next year. This gives an interval of sixteen days between the Washington and the Rome meetings, during which time an easy trip can be made from the former to the latter city. It is possible that a steamer may be chartered direct from New York to Rome.

**The Cholera Vaccine.**—The following cablegrams were recently sent from London:

The *Times'* Paris correspondent has had an interview with M. Pasteur in which the latter says his experiments with anti-cholera vaccine have never failed with animals, but he had been unable to apply the test to human beings without introducing virus into the bowels as he did with dogs. He had vaccinated persons living in contaminated centers, and none of them had taken cholera, and to further his work he had applied to the King of Siam to be allowed to experiment in that country, where cholera is epidemic. A similar application to the Russian Government had been unsuccessful.

The *British Medical Journal* says that a young English physician subjected himself to inoculation with cholera virus. The process, it is said, was easy, and the inconvenience scarcely greater than vaccination, and it is claimed that complete protection was insured against the disease. A few days later the physician underwent a second inoculation, which was followed by no symptoms whatever. The experiment seems to have established the immunity of inoculated persons from cholera. At least the physician in question appears to have enjoyed immunity since the inoculation, although he exposed himself to danger. Seven physicians in all have been inoculated as volunteers in the cause of humanity.

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**Cholera** seems to be one of the leading topics in all the medical journals, at the present time.

**You can Fool** all the people some of the time and your can fool some people all of the time but you can't fool all of the people all of the time.

**The State Boards of Health** of Missouri and Kansas have held a joint conference and have recommended sanitary measures of a most sanitary character.

**A Pavilion for Idiots.**—An attractive pavilion for idiots, capable of accommodating fifty patients, was recently opened in connection with the King's County Hospital.

**Port Physician.**—Dr. Henry Leffmann has resigned the position of Physician to the Port of Philadelphia, and Dr. E. O. Shakespeare has been appointed by Governor Pattison as his successor.

**A Fact with a Moral.**—Dr. E. O. Shakespeare, in his "Report of Cholera in Europe and India," calls attention to the significant fact that cholera epidemics in Madras avoid Poudicherry, although it lies directly in their course. The explanation is to be found in the purity of the water-supply, which is derived from artesian wells.

**An International Congress of Dentists** will be held at Chicago, August, 1893, during the World's Fair, at which, in addition to the discussion of subjects of technical interests, special committees will deal with such questions as the provision of dental relief for the poor and appointment of dentists for the army and navy.

**The Summer Corps of the Board of Health,** of New York, whose two months' term of service has just expired, has been organized into an epidemic squad of sanitary inspectors, and assigned to duty in the tenement-house districts. They have been instructed to make a special search for diarrheal diseases, and to report any suspicious cases.

**M. Lessenue** states that if a pin be thrust into the body of one supposed to be deceased, the appearance of the pin hole left on withdrawing the pin will determine the accuracy of the supposition. If the person is dead, the hole remains open, as when the pin is stuck into leather. If the person is alive the skin contracts and the pin hole entirely disappears.

**M. Alexandre,** Chief Veterinary Surgeon and Surgeon, in a report read before the Board of Public Health of the Department of the Seine, states that hydrophobia has considerably increased. In 1890 there were 201 cases; in 1891 there were 400. In 1890 the number of persons bitten was 1,303; in 1891 it was 1,505. M. Alexandre adds that during the first six months of the present year the increase was still more marked.

**The Health Board in New York** has commenced to publish daily bulletins of the cholera. Up to the present they are as instructive as the celebrated treatise on the snakes in Ireland, and it is to be hoped that the resemblance between the bulletins and the treatise will continue.

**Cholera Regulations on the Bremen Line.**—The North German Lloyd Steamship Company announce that each of the steamers of that line will carry two surgeons during the prevalence of the cholera. The vessels will be thoroughly disinfected each day. Baggage will be disinfected before it is put aboard the steamers. During the voyage only water that has been boiled, or with which muriatic acid has been mixed, will be supplied to the crews and passengers.

**Cholera Precautions** have been taken in St. Louis and Quarantine Hospital has been prepared for the reception of patients. In the meantime street and alley inspection is going on and everything is being done to insure cleanliness. At the request of the Mayor the Superintendent of the City Hospital, Dr Heine Marks, has written a short practical paper, devoid of technicalities, on the symptoms, cause and prophylaxis of cholera, more especially from a dietetic and sanitary point of view.

**The Superintendent of the Public Schools of New York** has prepared a scheme of instruction in physical exercise as a guide for the principals of the various schools in teaching gymnastics to their pupils. Although there is more or less drilling in most of the schools, there are appliances for gymnastics in only five of them. Next year, however, it is expected that this number will be quadrupled. The very wise step has been taken of appointing a medical man to superintend the physical instruction in the schools, under the control of the Board of Education.

**Lysol in Cholera.**—According to the New York *Sun*, the chief Sanitary Board of Austria publishes a statement regarding the value of a series of new disinfectants, which, in view of the cholera danger, are of much interest. The special attention of the public is drawn to the so-called "lysol," which is compounded of caustic potash, oleic acid, and cresols. A solution of one per cent of lysol is said to be sufficient to annihilate the comma bacillus at the shortest notice. If so, it will be a more effective remedy than carbol. It is not at all of a corrosive nature; on the contrary, if mixed with a proper quantity of water it renders the skin very smooth, qualities which render it especially useful for washing the hands, linen, and floors and for similar purposes. Moreover, besides possessing cleansing power in an eminent degree, it is much less poisonous than carbol. The Sanitary Board, of Austria, has, therefore, ordered lysol to be classed among the officially recommend remedies.

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**Dr. Enoch Chase** died in Milwaukee a few days ago, at the age of eighty-three years. He is said to have been the first physician in Milwaukee, having settled fifty-seven years ago on the site where the city was afterward built.

**A Volunteer Relief Corps.**—The directors of St. Mark's Hospital, New York, propose to form a physicians' and nurses' volunteer corps to give free medical aid, nursing, and to suppiy medicines to poor persons residing in the district below Fourteenth Street east of Broadway, in case cholera should become epidemic in the city.

**Death of Professor Sir George Macleod.**—Sir George H. B. Macleod, Professor of Surgery in Glasgow University, died on Wednesday last, after two days' illness at his residence, Woodside Crescent, Glasgow. Death was due to angina pectoris. Sir George Macleod was born in 1828, and was educated at the Universities of Glasgow, Paris and Vienna. He was Regius Professor of Surgery at the University of Glasgow, Senior Surgeon in Ordinary to the Queen in Scotland, and Crown member of the General Council of Medical Education and Registration. He was surgeon to the hospital before Sebastopol, receiving the English, Turkish, and Sardinian medals, and had various foreign distinctions. He received the honor of knighthood in 1887.

**Cholera Precautions in Paris.**—The Paris correspondent of the *Lancet* supplies the following account of the precautions which have been adopted in in France in reference to the cholera: At all the frontier railway stations, from Dunkerque to Delle, every France-bound train will be stopped and each passenger examined. Such passengers as are recognized to be suffering from cholera will be promptly isolated in a special building, while suspicious cases will be detained in another building, from which they will only be allowed to proceed after the medical officer has certified their immunity from all cholera germs. Passengers in good health will be allowed to continue their journey on the condition that they declare their destination. A passport, bearing the enumeration of the penalties incurred by any infringement of the regulations, is then delivered to such a passenger, and the mayor of the commune in which he is to reside will, having been informed of his arrival by letter, keep him under medical observation for five days. At all frontier stations all the luggage will be examined by the Customs officials. Any soiled linen found will be rolled up into numbered bundles and then submitted to disinfection in high-pressure ovens. The medical examinations and the disinfection of the linen will only entail a maximum delay of forty five minutes. The above measures will also be applied at all seaports. Paris continues to compare favorably, from a sanitary point of view, with the above-mentioned towns.

**A Duel Between Physicians.**—There is much excitement among the better class of Italians in New Haven, Conn.; caused by Dr. Vincenso D'Axelia challenging his confrere, Dr. Louis Parascunolo, to fight a duel. This trouble grew out of an old love affair, and D'Axelia also accuses his rival of attempting to injure his practice. According to the challenge, D'Axelia is to name the place where the combat is to be held. Parascunolo has expressed his willingness to fight, and the duel is likely to come off in a few days. James Caparallo, well-known Italian member of the Yale Law School, has been chosen by D'Axelia as one of his seconds. Small swords will be used. Dr. D'Axelia has been in this country about a year and has served three years in the Italian army. If possible the field of honor will be near New Haven. Otherwise the combatants will go to Louisiana.

**A Post-Mortem Phenomenon in Cholera.**—A Vienna physician, Dr. Frey, states that the supposed burial alive of patients apparently dead from cholera may be explained by the fact that the corpses of those who have died from the disease are for some time after death subject to convulsive movements of some muscles, or even of the whole groups of muscles (*Hosp. Gaz.*). Professor Eichhorst also relates that on one occasion he had left a patient for dead, when, three hours later, he was told that the dead man had revived. He found that the muscles of the upper arm were giving short quick motions, following each other rapidly, which were interrupted by contractions of the whole group of muscles, whereby the forearm was visibly contracted. The fingers were also distinctly observed to be moving, as though playing a piano. It was only after three hours that the movement of the muscles ceased.

**A Peripatetic College.**—Says the *Times and Register*: According to the Hot Springs *Medical Journal*, that important medical center has enjoyed the distinction of having in its midst a medical college on wheels. The Texas Health College was incorporated by "Drs." Orrin Robertson, W. F. Shipp, W. T. Fisher, H. A. McNeil and Wm. A. Whittenberg, all "M.D.s." Of these erudite gentlemen, Polk's Register for 1890 contains the name of the first alone; and he is marked with a star, indicating his coy refusal to reply when asked to name the college graduating him. His terms for a diploma seem very high, but the qualifications make up for this by being very low. He requires the applicant to sign his name to a list of questions, to which the "Doctor" obligingly supplies the answers. The applicant pays $1.50, and receives his diploma, conferring the degree of M.D. Among the new members of our profession induced by Robertson at Hot Springs, were a "farmer and sport," a bell-boy and an "electro-masseur." At last accounts the college had started for St. Louis, where it is understoon there is generally a long-felt want for a few more medical colleges.

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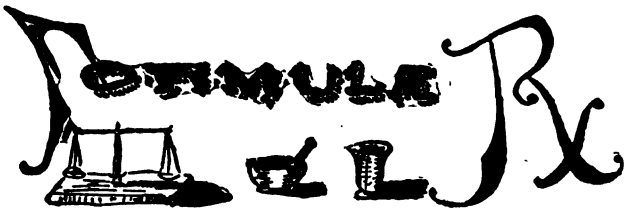
**Trust for the Care of Graves.**—We find the following in the Virginia *Medical Monthly*: Bequests in trust to care for and maintain graves are usually supposed to be legal and valid, yet, as they are generally perpetual, they cannot be sustained unless they are deemed to be charitable. The courts have generally decided that such bequests are not a charitable use, and so, unless there is special legislation in the different States, it will usually be held that the bequests are void. It is desirable that in some way the laudable wish to care for the remains of the dead should be carried out, and legislation is now and then being enacted for this purpose. In Pennsylvania, at the last session, a law was passed authorizing bequests to cemetery corporations, upon condition that the leave of the court be obtained as to the form of the investments.

**Curiosities of Literature.**—Horace gently hints that *aliquando bonus dormitat Homerus*. An interesting museum of all kinds of "curiosities of literature" might be formed with very little trouble by any one who would take the pains to look for them in the newspapers and periodicals of the day (*Brit. Med. Jour.*). We give a few specimens which we happen to have noticed, simply because they related to medical men or things. July 28 our esteemed cotemporary, *Nature*, which should be a bright exemplar of accuracy to less severely scientific publications, surprised some of its readers by the following announcement: "The British Medical Association annual meeting was opened at Nottingham on Tuesday, the chair being occupied by Dr. W. Withers Moore. In his Presidential address Dr. Moore dealt with the progress which had been made in surgery, etc. The *Union Medicale de Canada* for April, 1892, informed all whom it might concern that the "English surgeon, Sir William Thompson," had been raised to the peerage. The *Cronica Medico-Quirurgica de la Habana* of the same month announced the death of "the distinguished German laryngologist, Senor Morel Mackenzie." An account of a case of partial excision of the lung by M. Tuffier, an abstract of which from the original French source was published in the *Epitome* of June 6, 1891, p. 178, has since made the round of the medical press throughout the world. This has no doubt been gratifying to M. Tuffier as a philanthropic man of science, though personally he might not unreasonably complain that in the migrations of the paragraph recording his operation his name, and even his nationality, have been "translated" as unkindly as poor Bottom was. The report having found its way to Spain, appeared in the *Gaceta Medica de Granada*, the surgeons name being given as "Tuffieri," which seems to suggest that the paragraph had first passed through Italy. From the Spanish journal it was copied, with all its imperfections on its head, into several of our American cotemporaries, and it has recrossed the Atlantic, its last Avatar (as far as we are aware) being in the *Dublin Journal of Medical Science* for May, 1892. Such is fame; and so is even scientific history written.




**Scabies.**—Prof. Henry W. Stelwagon gave the following prescription for an ointment for a case of scabies (*Col. and Clin. Rec.*):

℞ Sulphur. precipitat., - - - ℥ij.
Beta naphthol, - - - gr.xx.
Balsam. Peruvian., - - - ℥j.
Adipis, - - - - - - ad ℥j.
M.

**Leg Ulcer.**—Dr. Weismueller praises the action of a dusting powder thus composed (*Jour. Am. Med. Ass.*):

℞ Acid salicyl., - - - - - ℈iv.
Acid borici., - - - - - - ℈ij.
Zinci oxidi, - - - - - ℥ss.
Amyli,
Talc., - - - - - - aa ℥v.
M. Ft. pulv.

**For Hemorrhoids.**—Allingham uses the following (*Med. News*):

℞ Morphinæ, - - - - - gr.v.
Hydrarg. chlor. mit., - - - ℥j.
Glycerin, - - - - - - ℥iv.
Bismuth subnitrat.,
Vaselin., - - - - - aa ℥jss.
M. Et. ft. unguent.
Sig. Apply topically.

**Catarrh of the Pharynx.**—The following is published in the *Medical Bulletin*:

℞ Sulph. zinci, - - - - - gr.xv.
Thymoli, - - - - - - gr.½.
Alcoholis,
Glycerini puri, - - - aa ℥jss.
Aq. menth. pip., - - - ℥x.
M.
Sig. Gargle.

**Pil. Ferri, Quininæ et Strychninæ.**—(Bellevue Hospital).—The following is the formula according to the *Prescription*:

℞ Quininæ sulphatis,
Ferri redacti, - - - aa gr.xl.
Strychninæ acetatis., - - gr.ss.
Ext. gentianæ, - - - - q.s.
M.
Sig. Divide in pil. No. 24.

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**Gus de Jay**—Y-a-a-s, I had a hahd time, you know, with the fevah. It was thought for a time that I might lose my mind. Young Woman (greatly interested)—And did you, Mr. de Jay?

**Mr. Winks** (looking over the paper)—Cheap, Drugg & Co. are selling all sorts of patent medicines at half price." Mrs. Winks—"Just our luck. There isn't anything the matter with any of us."

**The Reason Why.**—Smith (astonished)—"Why, doctor, what made you move? You had such a large practice out there, and"— Doctor (disconsolately interrupting)—"Yes; but—they all died."

**Watts**—"So you don't believe in patent medicines, eh?" Potts—"No. Judging from the looks of the people who are advertised as having been saved by them, they do the community more harm than good."

**Rev. Mr. Choker**—"Sometimes I think it is strange, doctor, that you visit people so often when they are not sick." Dr. Calomel—"I never think it strange when you visit people often that they are sick."

**Two Views.**—She—What's your idea of unhappiness. He (tenderly)—Being away from you. What's yours. She—An undecided man in a drug store trying to make up his mind among seven different kind of sarsaparilla.

**I say, Doctor,** are you going to put that mustard plaster on my feet to draw the pain from my head? Doctor—Yes. Why? Well, I object. I'd rather have it where it is than drawn through six feet and five inches of new territory.

**The** father had gone away and left the only son in charge of the store. "Are you the head of the firm?" asked a man with a sample case, entering the establish ment. "No, sir," remarked the young man with great urbanity. "I'm only the heir of the head."

**A Freak.**—Circus Agent—Are there any freaks of nature in this vicinity that you know of? Native—Wal, there's the chap that started a third newspaper in Excuseless City, a town of 800 inhabitants, and—Agent—Huh! We don't want any living skeletons.

**The Monon Route** has introduced a novelty in the dining-car system of America. It is no longer pay $1 and eat as much as you want or what you can get, but take what you want, pay for what you get and for no more.

**The Jaffa and Jerusalem Railway** has been completed, and trains will commence running this month from the ancient seaport of the Mediterranean where Paul once abode to the Holy City of Christian and Hebrew history. What a field for descriptive advertising is open to the general passenger agent of this first railway in Judea!

**New York Association Change of Date.**—The time for holding the Second Annual Meeting of the New York State Association of Railway Surgeons has been changed from Sept. 13, to Nov. 14, 1892. The place of meeting is New York City. As the State Medical Association will meet in the same city Nov. 15, an additional inducement is offered to our friends and members. In due time a programme will appear in this journal.

**The Fool-Killer Wanted.**—Evidently the fool-killer has failed in his purpose of late in Pennsylvania (*Railway Age*). The other day as two trains on the Neversink Mountain Railroad at Reading, Pa., were approaching each other at White House Station, a regular passing point, a man called out: "Look out, there is going to be a smash up!" and leaped from the car. The passengers, thirty in number and mostly ladies, were immediately panic stricken. They jumped from the moving car and all but two were more or less injured. Both trains were under perfect control.

**The Buffalo Switchmen's** fool strike has cost Erie County a round $120,000 for the expense of maintaining the militia to protect the rights of the people and enable the road to operate, says the Chicago *Tribune*. It has cost the railroad companies and the public in injuries and damages about the same amount for psoperty destroyed by the strikers and loss on shipments detained. It has cost the switchmen, assuming that there are only 515 of them, as Sweeney affirms, probably $50,000 in wages, and many of them may never get back to their old positions. This is what these senseless strikers have brought upon themselves and Erie County by carrying out Fielden's advice to throttle the law. The result in Fielden's case was a summary restriction of his personal freedom. Others may yet find who try to throttle society that society will rise and throttle them.

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# MEDICAL REVIEW.

A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.

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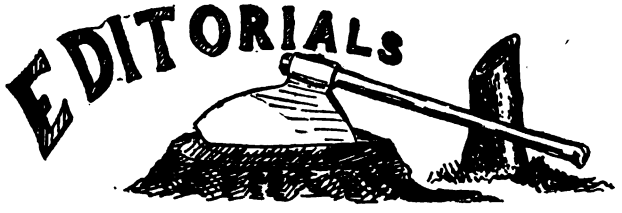


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Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Medical Writers.

One of the leading characteristics of the latter half of the nineteenth century is the enormous number of medical periodicals which are published. How they can all exist is, in a great measure, a matter of conjecture. That many are an actual loss to their publishers is beyond all question of a doubt. There seems to exist an unquenchable burning on the part of many to occupy the supposed exalted position of a medical editor. The primary motives vary in these individuals, according to the spirit which moves them, and the results are generally in accord with the motives which first actuated them. Thus, we have the man with very peculiar ideas who desires to ventilate them fully and who cannot obtain the space which he considers absolutely essential to a complete elucidation of his subject. Then again we have the individual who has grievances and who cannot find any journal that will air them. Possessing an organ of his own enables him to gratify his desires to the fullest extent and no one is hurt, because no one reads his screeds. Another type is the one who is ambitious to elevate the tone of medical literature and raise it to the standard which he has set up. Then there is the man who is unappreciated and must possess an organ to "boost" himself up. We might keep on multiplying these varieties of the pseudo editor, but all our readers are sufficiently well acquainted with them, so that we will spare them a recital.

These peculiar people, with their peculiar methods and organs, are not isolated by any manner of means. Each one has a certain number of adherents or admirers who act as the *claque* and urge on the ambitious editor to renewed efforts and expenses. They contribute largely and form, as it were, a restricted mutual admiration club. They became afflicted with that peculiar morbid condition known as *cacoethes scribendi* and they revel in its indulgence. They finally imagine themselves reformers in medicine, and their divine fury is spared to others, thanks to the media which they use. For such it is an utter impossibility to write anything terse, clear, and to the point. They must drool, and they require a great deal of space to do this. The editor is always in duty bound to add his commendatory remarks in a manner which is more prolix than elegant; more diffuse than clear. We do not wish to speak further on this particular subject as it is one more amusing than dangerous, and whose shallowness is apparent to the casual observer, even. It is so palpable that it is simply passed over as a mild hallucination.

What we do desire to speak upon is the *furor scribendi* which seems to have seized upon the medical profession. Every one seems to regard it as his bounden duty to write, and to write often. The idea seems to have taken possession of all that the more they write the more prominent they become. As a result of this we find a certain number of men who are reading papers at all the meetings of societies they attend, who contribute to all the journals which will print their articles and, with a very few exceptions, the final verdict is, *cui bono*. It is not at all surprising to find men, who have large opportunities and extensive experience, as well as facilities for the pursuit of certain studies, contribute largely to medical literature. These are, by right, the ones who are expected to and who should contribute most. But there exists a number by far the greater majority who are divided into two great classes, differing widely from each other, it is true, but from whom the final results which are obtained are very nearly

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similar if not identical in nature as well as value.

One of these classes is constituted by the writer who has nothing novel to advance. He simply recites some ordinary case in a manner which betrays his lack of training as a skilled observer. After having worried through this portion of his subject, he then proceeds to indulge in medico-metaphysical observations, the most valuable of which are cribbed from standard text-books of a more or less doubtful age and of still more doubtful value. As an inquiry into ancient history they may possess a certain interest; but, for the man in quest of the new and useful they are certainly disappointing. Upon the conclusion of such a more or less incoherent mass of useless matter the irate reader is very apt to regard himself as a much-injured individual and he will make a mental note of the writer so as to avoid him in the future. This it is which works harm to both writer and reader; for, the former will certainly write something at some future time that is worthy, but the latter will not read it, upon the principle of—once bitten, twice shy. So that this sort of medical writing is best avoided, unless the audience is known and averted in time so as to protect itself, if that be necessary.

Another class of writers, who are prolific, is composed of those of brilliant attainments, who have a facile pen and are led away by enthusiasm more than judgment; who are afraid of being distanced by a competitor and who dare "rush in where angels fear to tread." These are men who are making brilliant discoveries and magnificent mistakes. One of these will give a classical description of a case, one which is a model of its kind. Every scientific aid obtainable will be brought to bear upon it and upon the investigations which are made. Did the writer stop here he would have accomplished all that could be demanded. But, this is not enough; we have also a long scientific dissertation brought in which finally ends in a series of dogmatic conclusions which may be right or wrong. The *a priori* method is made paramount and, in a certain length of time, the author is forced to recant or appear like an imbecile. This great fault of jumping at conclusions is by far too common at the present time and medical writers are beginning to feel the force of universal sentiment in this respect. A paper is as good without conclusions; and, an opinion has more force when it is not dogmatic.

The last class which we propose to notice is the "fakir," as he is known in journalistic parlance. He may be bungling or artistic, ignorant or brilliant. The ignorant and bungling one is easily detected; the latter may never be found out. This individual imagines or conceives of some operation or method of treatment and straightway writes about it. He knows that if he stated that it is purely a figment of his brain that it would attract little or no attention. So, to give apparent weight and stability he invents cases in which a successful application was made. The most agonizing descriptive and clinical details are indulged in, and the most minnte descriptions of the varying phases of the imaginary case are given. We have seen pulse and temperature charts invented to suit the case. We have also seen the imaginary treatment applied with success by an unsuspecting reader. But, in such a case, the end does not justify the means. It is neither honest nor conscientious and, if detected, it works infinite harm to the one practicing it. It is a breach of trust which can never be forgiven nor condoned.

The medical writer who is clear; who is honest in his endeavors. who bases his views upon large experience is the only one worthy to have his name grace the pages of a medical journal which is serious in its aims. To sift these from the undesirable medical writers is the task of the medical editor. It is a difficult one we will confess, but it is one which is due to the profession and is, furthermore, one of the methods by which the status of physicians will be elevated and the profession made to occupy the place which properly belongs to it.

**Therapeutic Touting** is a name applied by some to certain styles of endorsements by physicians. It is stated (*Br. Jour. Dent. Se.*) that Professor Gairdner, of Glasgow, has recently raised a protest against a system which he thinks is perverting all our therapeutics and lying at the root of biassed judgment. An apothecary in London, or a physician in New York, keep urging upon us combinations of remedies used by themselves, and any medical man has merely to send an attestation that he has tried this remedy in numerous cases and always found it effective, to secure that his name will get all over the world. The Professor points out that the great evil consists in the possibility of a man being able to successfully push some advertised remedy, whether absolute trash or even dangerous is not of the slightest consequence, and then before there is time to find out if it is good, bad, or indifferent, he will have made his money if the thing has been properly worked. It is of far less consequence that the remedy should be good, than that it can be well touted. It is too much to expect that this protest will abolish this money-making exploiting of the profession and the public, but the outspoken opinion of Professor Gairdner will serve as a note of warning to unthinking people, and do good.

**Strenuous Measures** for the prevention of cholera appear to have been taken in England. The *Hospital Gazette* states that there can be no doubt that several genuine cases of Asiatic cholera have occurred in England, but they have been imported from the Continent, and, happily, the disease has not spread to persons with whom the victims have come in contact. If we escape a serious outbreak of the epidemic we shall have little cause to thank the Government authorities, for while a show is made of overhauling ships arriving from Hamburg and other German ports where the plague is raging, the filthy and destitute Russian Jews, and other dirty emigrants have hitherto had little difficulty in obtaining a footing on British soil, and goods,

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with the exception of old rags and dirty clothes, from the infected ports are allowed to be transported to all parts of the country. Fortunately the local authorities have been on the alert, and by isolating suspicious cases of illness and enforcing the most rigid sanitary measures the disease has been prevented from spreading. Had it not been for our vigilent medical officers of health and our almost perfect system of sanitation cholera would by this time have been raging from one end of England to the other.

**The Teaching of Medical Biography** is entirely neglected at the present day. As the *Physician and Surgeon* says, in the ordinary American curriculum there has always been a tendency to slight the literary aspects of the medical career. In the intensely practical spirit which pervades all our teaching not only has everything in the nature of medical *belles-lettres* been tabooed, but seldom has commemoration been made of those master-spirits who,

"While their companions slept,
Were toiling upward in the night."

Why is not medical biography taught in our schools? Why has the American graduate to go forth into practice knowing little about Hippocrates and less about Rush? He may, probably, know that Hippocrates composed an oath, to the ethical requirements of which in its modern garbled form, the newly fledged graduate assented on the day he received his diploma. Of Rush he may never have heard, unless he may have encountered one of his monument committee. He will have heord of a Sims' speculum and inferred that an individual of that name existed in prehistoric times. The name of McDowell was probably never whispered to him by those who now teach him that the pus tube is the alpha and omega of pelvic pathology. In fact, if the lives of great men remind the student of anything at all, it must be the unnoticeable impress made by their footprints upon the sands of time.

It may be that while the world is becoming more and more, the individual can do nothing else but wither. Yet biography could surely be taught in a way that might make it distinctly serviceable to the medical student. In pedagogic days it was the custom to teach all history by the biographical method. The happenings of each period were grouped in serial order under the caption of some monarch of magistrate. The inevitable result of this was that the personality of the ruler came to be inextricably connected in the mind of the student with the events of the time; so that Henry VIII and the Reformation came to be tacitly linked together in a cause and effect relation. This undoubtedly illustrates the faults of a biographical method. However, to understand any idea it is necessary to know something of its ancestry. Practical antisepsis can be taught perfunctorily and students drilled in the essential ritual of sterilization, but does the student really comprehend what antisepsis is until he reads of the classic experiments of Lister in fermentation and putrefaction? How many lives has the drainage-tube saved, yet how few remember Chassaignac in connection with it. The historical method is after all the rational way of teaching anything, for by this method alone is the evolution of the idea outlined. To teach medicine by the historical method would at least insure the teaching of a certain amount of biography.

**The Haste in Publishing** enables the operator to scatter reports of his "triumphs" broadcast over the land as a bid for further subjects for his skill says Dr. Wm. H. Hingston (Canada *Med. Rec.*). Is the journalist quite blameless in facilitating the premature publication of cases which had, it is true, left the hands of the surgeon or the surgical ward of a hospital, but only to terminate fatally in the hands of a medical practitioner, or in a medical ward from the direct, though perhaps not immediate result of surgical interference? Would that the tutelary diety who is supposed to preside over medical journalism might so ordain that there should be a little less hurry, a little less zeal in taking the public partially into one's confidence, and in publishing successes while they are yet problematical.

**Cremation** is certainly destined to supersede all other methods for the disposal of the dead. In regard to this question Mr. W. F. Wiemers says (*West. Med. Rep.*): As to the probability of the ultimate general adoption of cremation, I will say this, that the prospect is most encouraging. Though it is undoubtedly true that popular sentiment has by no means as yet turned in its favor, there is already a rapidly increasing class who are very outspoken in its behalf. In the Old World one can find well-constructed and equipped crematories at Milan, Gotha, Zurich, Dresden, Leipzig, Vienna and Berlin. Copenhagen has a society numbering 1,500 members, including eighty-three distinguished physicians. In London and Paris large societies exist, and of late years crematories have been built at Rome, Pavia, Cremona and Leghorn. The British Medical Society, as I am informed, a few years since, by a unanimous vote, recommended the general adoption of cremation.

In this country nearly all the larger cities have the most complete facilities for the performance of the rite. My inquiries, though by no means most searching, have brought to my knowledge the existence of crematories at New York City, Pittsburgh, Lancaster and Philadelphia, Pa., Buffalo, Cincinnati, Detroit, St. Louis and New Orleans, and though Chicago has not as yet, an institution of this sort, it sends for incineration an annually increasing number of corpses to the most accessible of those crematories I have just mentioned, showing that a sentiment favoring cremation exists and is growing within our midst.

The characteristic practicality of the American people warrants the expectation that cremation will find general favor much more readily here than beyond the sea. In many of the European countries, where incin-

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eration of the dead is now practiced, laws prohibiting the rite had to be repealed before those convinced of its merits could employ the same. But in America the only hindrance to the general adoption of cremation is prejudice, more or less general, and when our people once become convinced that incineration is in reality as reverential to the dead as any other mode of disposal, and that it removes a constantly increasing menace to the health of their families and themselves, they will readily adopt it.

**Recession of Epidemics** in Occidental countries is looked upon as the modern rule by the Pittsburgh *Medical Review* Our cotemporary says: It is not possible to say whether the cholera will reach us during the present epidemic or not. Yet there is ample reason to believe that at the worst it will give rise to no such wide-spread epidemic as that of the thirties and fifties. There is much in the present as well as former epidemics to show that its extension depends largely on conditions which modern civilization tends constantly to remove. It is quite possible indeed that the recession of the cholera epidemic from Europe has begun. The bubonic plague furnishes us a striking instance of the inability of an oriental pestilence to overcome the obstacles which the advancing civilization of the occident has thrown in its way. The plague, which in the fourteenth century was known as the black death, continued to spread over the whole of Europe at intervals until 1666 when England suffered for the last time. After this date it is almost literally true that each succeeding wave stopped at a more easterly limit than the preceding. The epidemic in Marseilles and Southern France, 1720-2, is the only exception. In 1877-9 a few villages near the southeastern border of European Russia suffered severely from bubonic plague. This is the last time it gained a foothold on European soil. It is impossible to assign a reason for the recession of the plague except the change in personal habits and municipal government which have been going on in the last two centuries

**Lady Bicyclists** are not favorably looked upon by Dr. G. A. Williams (*Medical Age*), who says: Bishop Coxe, in addressing the young lady graduates in a Chicago school, said he hoped he might never see any of them astride a bicycle, for it reminded him of the witches of old riding their broomsticks. All these crazes, such as roller-skating, the sunflower mania, Nelly Blyism (that is, a desire to wear men's caps and boots and travel over the country alone), all slang expressions, etc., are very short-lived. Like the shoals of sand, they are here one day and away the next, and it is generally conceded that a person is much better without adopting them. These particular fads are, as a rule, not taken up by people with a proper sense of decorum; and, although we have the utmost admiration for the woman who can do something clever without making herself too conspicuous, we have yet to meet the heroine of a career who is not brazen and tiresome—it is not her fault, but the result of contamination. No one can elbow the street crowd without losing some of the sweetness we prize in women; the gain that comes from the outer world—the shop, the rostrum, and the public procession is more than outweighed by loss of modesty, gentleness, faith, and womanly dignity.

Some say they ride astride the bicycle, others say they do not. This question would certainly be difficult to decide without a close investigation, which would be inconvenient—to say the least. We have already noticed that bicycle-riding is injurious to young women, having a tendency to act as the sewing machine. The excessive action of the legs keeps the pelvic organs in a constant state of congestion, and must certainly produce certain displacements and various kinds of weakness.

We might add that one of these forms of weakness is due to the fact that bicycle riding is a form of masturbation in the female.

**The Emancipation of the Doctor** seems to have come says the *Medical Record* which proceeds to say that one of the services which the medical profession of New York has done has been to emancipate its members from many of the needless and narrowing conventionalities of the past. There was a time when a doctor had to set himself apart; he was obliged to wear a black coat, a professional air, and refrain from dancing and all other social frivolities.

Not long ago, says the *Sun*, a Bostan physician of eminence wondered how the New York doctors should dare to go to their clubs during the day. If he were seen entering the Somerset Club in Boston in broad daylight, he said, his practice would suffer disastrously. Under such stress the doctor was obliged to carry his profession everywhere with him; he could be a doctor and nothing more. In Washington, and probably other cities, the physicians dare not be seen riding a bicycle or doing anything else savoring of ordinary human enjoyments. This city has certainly, more than any other, broken loose from this thraldom. The doctor has to study harder, work harder, be more alert and wise and skilful than ever. But if he is known to be thus industrious and skilful, he is allowed as much personal freedom as any one. The change is vastly for the better. The time is going by when "a good bedside manner" is the essential thing. The physician now must, above all things, understand his profession, and know how to deal with human nature. True, he can ride a bicycle, wear a sack-coat, russet shoes, and go to a club, if he is rich enough for such luxuries.

**Revision of the Code** is the cry now. Its existence is a necessity; but the further question then arises: Is it wise to revise the present Code of the American Medical Association (*Medical News*)? We think the general sense of the profession would anwer that while the Code, as it now stands, is an excellent guide for professional conduct, it is wise to subject it

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to revision for two reasons: (1) It contains much that is unnecessary and useless; and (2) a respectable number of members of the profession demands its revision and is dissatisfied with certain of its provisions. This dissatisfaction has expressed itself, in the State of New York especially, to such an extent that one of the most important sections of the Code—one, indeed, which has done more than any other to maintain the dignity of the profession—has been formally repudiated. The antagonisms produced by this act of repudiation on the part of the Medical Society of the State of New York have led to bitter dissensions, and created for a time a serious division in the profession. This division, however, is now practically healed, as far as the individual relations of members of the profession in New York are concerned; but the fact that many of those who, through the State Society, have repudiated the Code are permanent members of the American Medical Association puts the Association in a false and illogical position if their membership be recognized, or excludes certain able, eminent and honest co-workers if the laws of the Association be rigidly enforced.

One familiar with the Code contest in New York nine years ago, in looking back, must recognize the fact that this contest led to action that the majority of the partisans of the two sides would now willingly modify. The supporters of the Code would now be willing to see it stripped of useless provisions and redundant language, to say the least. The advocates of the "new code," or certainly the majority of its adherents, would now hardly support a provision which permits unrestricted consultation with homeopaths, eclectics, physio-medicals, advertisers *et id genus omne*. Indeed, most of the so-called "new code" members of the profession in New York now decline to consult with irregular practitioners, and make no exception even in favor of homeopathists.

**Unprepared** is what the Maryland *Medical Journal* calls it. It then goes on to say: It is more easy to find fault than to act wisely. "Hind-sight" is a more common virtue than foresight. Yet we may be permitted to put into words a few thoughts suggested by the tragic scenes now passing before the gaze of the world in New York bay. Could not a little forethought have prevented the harrowing spectacle of the cooping up of five hundred non-infected cabin passengers for weeks in a cholera-infected ship where members of the ships' crew are daily sickening and dying of the disease? A quarantine system carefully planned before the emergency arose would surely have provided a separate refuge for this non-infected class, so that after a few days' observation they might have been dismissed to their homes. Could not facilities have been provided for the abundant supply of disinfectants to the doomed vessel? Could not fresh water have been furnished in exchange for the supply brought from Germany? Could not experienced American physicians have been placed on board to give confidence to the terrified passengers? Could not properly enclosed boats be secured for the safe transfer of the cholera-stricken from the ships to the island hospitals? Petitions from the passengers to the Governor of the State for relief, threats of breaking quarantine in search for fresh water, and the supply of ships by private persons for isolation seem out of place in a properly planned quarantine.

We believe in the self-government of the State; but surely there is need of some national institution, not run by ward politics, which shall have authority in such emergencies to take charge of all incoming ships at whatever port they may arrive; which shall be so well directed and organized that it shall, before the invading disease has actually arrived, have made arrangements for the control of necessary separation and isolation places, whether on ship or land, for both the sick and the well, and for the supply of necessities to the great numbers of passengers quarantined; which shall place in control of the quarantine measures a medical staff, not at variance with the national government, and not alienated from the sympathy of the leading physicians of the seaport where the quarantine is enforced.

The experiences of New York harbor furnish a great incentive to the establishment of a national health service, free from control by party politicians, and manned by experienced physicians, appointed after severe examinations such as are now required for army and navy service. It is to be hoped that this needed measure will not be delayed until still more bitter experience has forced the matter upon the attention of the public.

**Financial Responsibility** is one of those things which are always more or less harassing to certain members of the profession. Our readers will remember an editorial on this subject which appeared some time since. One of our subsbribers takes exceptions to the views we held and his opinions may be gleaned from a letter written by him which appears in our correspondence column. We may be unusually obtuse, or we do not understand English; but, it appears to us as if our correspondent merely emphasizes the views we advanced. He states that the country practitioner makes no money and pays his debts—when he can. But when he can't, we are forced to the conclusion that he does not pay them and those who suffer are his creditors. His argument is weak. An honest man who owes forever is on the same footing, financially, as the man who repudiates his debts. His intentions may be good, but we know what road is furnished with this sort of paving material.

**Death of Mr. Walter Pye.**—We have to announce with great regret the death on the 2d ult., of Mr. Walter Pye, F.R.C.S., Eng, Lecturer on the Practice of Surgery at St. Mary's Hospital, and late Professor of Pathology and Surgery at the Royal College of Surgeons. Mr. Pye held several hospital appointments, and was the author of many valuable works on surgery.

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**Simple Extraction in Cataract Operation.**—Dr. E. A. Kirkpatrick concludes as follows on this subject (Maritime *Med. News*):

Advantages of Simple Extraction.—1. No pain as the iris is not cut.

2. No hemorrhage as there is no iridectomy. This, of course, is a great advantage as free bleeding often takes place in all other forms of cataract operations which not only delays the operation some minutes but may even necessitate the abandoning of the completion of the operation for weeks.

3. It is a shorter operation.

4. Vision is usually better than by any other operation.

5. The cosmetic effect is perfect—a circular, central, and movable pupil resulting.

6. The wound is less likely to be occupied by small particles and excite irritation.

The Disadvantages.—1. It is a more difficult operation because of the liability of the iris to fall before the knife and the natural obstruction of the iris to the free passage of the cataract. To prevent the former the knife must be passed through the anterior chamber rapidly.

2. The remains of cortical matter are with greater difficulty expelled.

3. The necessity of a moderately dilated pupil, which is impossible to secure in some cases.

4. Secondary operations are more difficult after cataract operations without iridectomy.

**Serious Deformity from Minor Injury.**—Dr. H. Augustus Wilson contributed a number of interesting examples of this nature to the Philadelphia *Polyclinic*, from which we select the following:

A man while washing a cracked pane of glass pressed with too great force and broke it, causing a jagged point of glass to tear the skin over the wrist. He removed a small splinter that was stuck in the skin, believing thot was all. There was very little bleeding and not much annoyance, therefore, he completed his task before seeking medical aid. This still further assured him of the trifling character of the injury and the lack of necessity for observing any caution in regard to it. The physician applied a catgut suture and adhesive plaster, after rendering the wound aseptic. One month later severe pain in the hand made him again seek medical relief at the hands of another physician, and a palmar abscess appearing toward the wrist was incised. The abscess proved to be very extensive, having burrowed under the annular ligament, as was ascertained by passing the nozzle of the syringe into the various recesses, the nozzle coming into contact with some hard substance which proved to be a piece of glass, one-half inch long and about one-quarter of an inch wide. Here then was the buried cause of the abscess which resulted in almost complete destruction of the usefulness of the hand by inflammatory adhesions and contracted tendons. Take away a laboring man's right hand and he is deprived of means of making his living, and to give back to him that same right hand is to give him and his family financial support and such proved to be the case here.

**Clatburr** (Xanthium) has been found by Dr. J. W. Eckfeldt of value as an alterative and hemostatic (*Med. Standard*). In the treatment of all hemorrhages of a remote nature it speedily reaches the seat of the disease through the medium of the venous circulation. Xanthium promptly checks uterine hemorrhage from various causes. In post-partum bleeding, as well as the troublesome hemorrhage so frequently found to occur during the menopause of plethoric women, it is of service. Xanthium may be regarded a prompt and reliable remedy in the bleeding of piles and in dysentery. On account of its alterative action, it has been used with considerable success in all strumous conditions of the system, and especially where there is a general tendency to the enlargement of the lymphatic glands unlooked for results are distinctively gained. It may be employed as a topical application, in order to check hemorrhage from accessible surfaces. In the treatment of cutaneous diseases of a squamous form the continued use of this drug has brought about a healthy condition of the vascular surface.

**Case of Poisoning by Carbolic Acid, With Recovery.**—Dr. J. V. Wakelin Barratt reports the following case (*Brit. Med. Jour.*): C. W., a rickety child, aged 4 years, swallowed at the Birmingham Workhouse Infirmary a quantity of carbolic lotion containing 180 grs. of carbolic acid. The child when discovered was lying unconscious on the floor. It was at once given some salt and water; this was swallowed, and shortly afterward some of the contents of the stomach were vomited, and the child showed signs of returning consciousness. It soon relapsed, however, and a quarter of an hour later was completely comatose, with dilated pupils, insensitive corneæ, and a barely perceptible pulse at the wrist. The circulation was kept up with hypodermic and rectal injections of brandy, while the stomach was washed out with three pints of tepid water, ℥j of olive oil being subsequently injected. The pulse, which was 166 when the child had recovered sufficiently for it to be counted, gradually increased in force and diminished in frequency, so that, at the end of two hours, it was 124 and regular. The pupils were now contracted, the face flushed and skin perspiring very freely, and the limbs were occasionally

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moved. Next morning the temperature was 102° and the child had vomited several times. It was kept on milk and beef-tea for several days, and made an uninterrupted recovery. The first portions af the urine were passed into the bed. A specimen obtained eighteen hours later was light yellow, free from albumen, did not darken when allowed to stand, and did not yield more than the normal quantity of indigo.

The interest of this case lies in the completeness of the coma and collapse, and the speedy response to treatment.

**Milk for Infants.**—A cow that furnishes milk for an infant should be kept in a well-ventilated barn (*Med. Summary*). It cannot be kept in any common pasture. It should be fed on clean, bright hay, with a small quantity of meal, salted every day, and drink the purest of water. Milk from such a cow, if a young healthy animal, will keep the infant free from summer diarrrhea. The merits of sterilized milk as a food for young infants have been highly extolled during the past two years by physicians in many parts of the world, but the experience of those who have tested it has not, however, been entirely satisfactory. In fact, many who have given it a thorough trial have ceased to use it. Dr. Edward P. Davis, who made an exhaustive study of the effects of the use of sterilized milk, states that the results at first appear to be good, but after a time serious disorders supervened, emaciation set in, grave intestinal troubles followed, and finally death ensued from non-nutrition. It is claimed that the evil results are due to the changes which take place from the heating of the milk which is necessary for sterilization. The soluble albumen is converted into an insoluble modification which is difficult to digest. Other changes take place, but are not so important as the one referred to.

**Golden Rules of Surgical Practice.**—The following are given by the *Medical Era*:

ABDOMEN.—Always avoid purgatives in treating a patient who has swallowed a foreign body. Give opium and constipating foods—boiled eggs, cheese, puddings, potatoes, etc.

Never close any wound of the abdominal wall till all hemorrhage has ceased.

Never, under any circumstances, apply pressure to a wound of the abdominal wall to arrest hemorrhage.

Never mind increasing a superficial wound of the abdomen in order to remove a foreign body or to secure a bleeding point.

Never probe any wound in the abdominal wall.

Never forget that all abscesses of the abdominal wall should be opened freely and at once.

Never hesitate or delay to open and drain an abroess in the loin, due to rupture or injury to the kidney.

Never procrastinate in strangulated hernia. It is not usually the operation which will prove unsuccessful in herniotomy; the danger lies in your allowing the bowel to become irrecoverable.

Never be deceived by an opiate masking the acute symptoms of hernia, obstruction, peritonitis.

Never tap a suspected renal tumor through the abdominal parietes, *i. e*, through the peritoneum.

Always relax the abdominal wall after suturing.

Never ligature *en masse* in cutting off omentum. Do it piecemeal. The constricted edge of the apron of omentum may unravel, and fatal hemorrhage result.

In protrusion of the viscera never neglect to pass your finger fairly through the wound to make sure that the reduction has been complete.

And be careful never to push the bowel into an interstice between the muscle or into subperitoneal tissue.

**Treatment of Experimental Tuberculosis.**—Dr. Edward L. Trudeau has experimented considerably with Koch's tuberculin, Hunter's modification and other products of the tubercle bacillus. His conclusions in regard to the matter are as follows (*Med. News*):

1. Koch's tuberculin does not cure experimental tuberculosis in the guinea-pig, although its specific influence on the primary lesion is indisputable.

2. Hunter's modification, C B, contains less of the remedial principle than tuberculin, and is apparently quite as dangerous

3. Hunter's modification, B, is as efficacious as tuberculin, and free from some of its dangers.

4. Solutions obtained as described from well-washed tubercle-bacilli have, when extracted with 50 per cent glycerin and wrter, an injurious effect; when treated with hot alcohol, a doubtful and, at best, feeble remedial influence over experimental tuberculosis.

5. They produce suppuration and serious constitutional impairment, which may result in organic disease and death.

6. The liquid culture medium in which tubercle-bacilli have developed, but from which they have been removed by filtration, contains the elements that bring about reaction and cure in tuberculous tissue.

7. Experimental tuberculosis in the rabbit's eye can be cured by injections of the filtered culture medium.

8. The permanency of such a cure has not yet been established.

**Pathology and Symptoms of Psoriasis.**—L. Nielsen has written a very complete monograph upon the pathology and symptoms of psoriasis (Thesis, Copenhagen, 1892, *Satellite*). He had at his disposal six hundred and sixteen observations, partly from the Commune Hospital of Copenhagen and partly from the private observations of Prof. R. Bergh.

Among his results may be noted that he found psoriasis palmaris and plantaris in 8.9 per cent of all cases, especially in men. This localization is, therefore not so rare as ordinarily believed.

Haslund has commenced to treat psoriasis with large doses of iodide of potassium, and the author finds that the attacks of psoriasis treated in this manner had a

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mean duration of 38.7 days for adult patients, and 61.9 days for children, while the ordinary treatment gives a mean duration of 52.3 days for adults and 90 days for children.

Neuralgia and paresthesia are mentioned as rare complications. Chronic affections of the joints, of rheumatic or arthritic nature are prone to exacerbations during attacks of psoriasis. Sixty and eight tenths per cent of the patients were men; 39 2 per cent were women. The disease begins ordinarily at the period of adolescence, and is hereditary; in 28 per cent of the cases several members of the family were affected with the disease. It is not commonly connected with any nervous disease, but often with chronic alcoholism. Local irritations may provoke the eruption; nevertheless, the experience of Koebner that slight scratches on the skin of persons disposed to psoriasis provoked local eruption did not always hold good. The author is of the opinion that psoriasis is a mycotic disease, and he has observed cases which seem to have been produced by contagion, though the fungus has not yet been discovered.

**Treatment of Gonorrhea by Injections of Potassium Permanganate.**—Professor August Reverdin describes, in the *Revue Medicale de la Suisse Romande*, a method of treating gonorrhea, at any stage, with potassium permanganate. He takes an ordinary catheter, which he attaches to the delivery tube of a gravity syringe, which latter is full of the permanganate solution, and inserts it deeply into the urethra. The patient is made to grasp the glans with both hands, the thumbs being placed on either side, and the current is turned on. The liquid fills the urethra and then easily flows out again, provided the catheter has not been greased. It is best, therefore, to use a new catheter, and never permit grease of any description to touch it. Sometimes the liquid will penetrate the bladder, but aside from causing a smarting sensation of more or less severity according to the strength of the solution, does no harm. Three pints of the liquid are used at each injection. The latter should be of the temperature of the body, and usually not stronger than 1 part of permanganate to 5,000. One, or at most two, injections per diem are given. The cure usually occupies fifteen days, but the running usually ceases at the end of the third day.

**Gunshot Wounds of the Abdomen.**—In a study of the comparative treatment of these injuries (*Univ. Med. Mag.*) Dr. Frederick Lippincott concludes as follows:

1. In about 90 per cent of penetrating wounds of the abdomen, the viscera are involved.

2. In the majority of cases of abdominal gunshot wounds the intestinal lesions are multiple.

3. When the viscera are wounded, feces and gas, or finding the ball in the evacuations, are the only pathognomic symptoms.

4. Nature is capable of effecting complete repair in wounds of the viscera by prolapse of mucous membrane, exudation of plastic lymph, bringing a healthy surface over the rent in gut, and finally cicicatrization.

5. Statistics do not show a better mortality by the operative than they do by the coservative treatment.

6. Wounds of the stomach and small intestines are more grave than those of the large intestines.

7. Shock of itself is not a symptom of internal hemorrhage.

8. The most common cause of death in gunshot wounds of the abdomen is septic peritonitis, although death from shock and hemorrhage are not rare.

9. The use of hydrogen gas by rectum as a means of diagnosis is not infallible.

10. Statistics do not justify abdominal section, except in well selected cases, and particularly where there is pronounced hemorrhage.

11. So far laparotomy has increased the mortality of gunshot wounds of the abdomen.

12. It is necessary for localized peritonitis to occur in order to attach the wounded gut to some healthy peritoneal surface.

13. The indications for treatment are to promote reaction, control hemorrhage by pressure or abdominal section, stimulate hypodermically, nothing by the mouth, feed by rectum until adhesions have perfectly formed.

**Two Meati Urinarii in a Female.**—At a recent gynecological clinic at the Medical Department of Wooster University an anomaly was observed (Cleveland *Medical Gazette*,) in a patient aged 26, who was under treatment for metritis, says Dr. Dickson L. Moore. She was possessed of two meati urinarii, one in its normal position in the middle of the base of the vestibule, the other one-fourth of an inch above the first and in the median line. Two sounds introduced, one at each meatus, met at a distance of three-eighths of an inch from the exterior and a catheter could be introduced equally well into the urethra via either meatus. There was no history of traumtism and the patient had no knowledge of the abnormality.

**Spermato-Cystitis.**—Dr. Wm. E. Ground says (N.E. *Med. Mo*) that spermato-cystitis may exist in the chronic and subacute forms as well as in the acute. Since I have interested myself in this subject I have taken special pains to examine all genito-urinary cases coming to my notice, and giving a history of an old clap, vesical irritability or gleety discharge, for remnants of an inflammation of the seminal vesicals; and I will simply say that evidences of disease have not always been wanting. Especially in those cases of chronic urethritis which get better and recur again and again, after irregularities in eating, drinking, or sexual indulgence; we are very liable to find the spermatic vesicles, perhaps only one, indurated and tender to the touch. Here I think we find an explanation for many of those cases of so-called latent gonorrhea. It has often oc-

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curred to me too, that many of the symptoms usually attributed to strictures might with good advantage be traced to a chronic spermato-cystitis, as also might some cases of spermatorrhea.

**Boracic Acid, an Aid in Diagnosing Minute Tympanic Perforations.**—Dr. J. Harris Pierpont states (Va. *Med. Mo.*) that recognizing, in the first place, the great difficulty of making a positive diagnosis of small perforations of the tympanic membrane, and, secondly, the almost impossible use of the usual methods—particularly with children—a ready means of diagnosis will be generally appreciated. This may be found in the use of finely-powdered boracic acid. The external ear being thoroughly cleansed and dried, the acid is blown against the tympanum until uniformly coated. An examination a few hours afterward will reveal a perforation—if one exists—by a black or discolored spot appearing upon the white field. The secretions passing through the opening will either dissolve the powder or merely discolor it—being influenced by the relative amount of fluid secreted and powder used.

**Acid Prevention of Cholera.**—Dr. S. V. Clevenger states (*Times and Register*) that in this connection, the following suggestions may interest physicians to consider:

1. There will be found variability of toleration of acids between individuals.
2. Some interference with normal intestinal digestion must be induced by over acidulation.
3. May not other acids than sulphuric answer as well?
4. Does not gout and rheumatism confer immunity?
5. Would it not be well for drinkers to substitute sour wines for other kinds of liquors?
6. Too much reliance must not be placed upon any single means of prevention.

**Treatment of Cholera.**—According to Dr. William Osler (*Med. News*) the symptomatic treatment should be directed to—

1. Relieving the collapse by hot stimulants, as tea, coffee, brandy, and the external application of heat in various ways. The hot bath should be tried.
2. Checking the vomiting. Cracked ice and champagne, creasote, hydrocyanic acid, menthol, and other means may be tried.
3. Checking the diarrhea. There can be no question that the collapse is directly due to the diarrhea, and yet it is probably an effort of Nature to get rid of the poison. Indeed, an evacuant treatment has been urged by Johnson, who advises the use of castor-oil; but the general opinion runs strongly in favor of the use of remedies to check the profuse discharges. Various combinations of opium and ether are employed, with or without astringents. Morphine, hypodermically, is of the greatest value for this purpose, and is to be preferred to opium by the mouth if the vomiting is obstinate. It has the advantage also of quickly relieving the pains and allaying the terrible restlessness. Lactic acid has been strongly recommended by French physicians.

**Eye Trouble Causing Nose and Ear Trouble.**—Dr. Leartus Connor in concluding a paper on this subject (*Jour. Am. Med. Ass.*) narrates a case in which the deductions are as follows:

1. An exophoria or twelve degrees uncomplicated with any other deformity or disability of the eyes did produce and continue for more than two years a most distressing affection of the nares.
2. Indirectly this exophoria caused loss of smell, tinnitus aurium and deafness with great nervous prostration.
3. In such case the correction of the exophoria by prisms aggregating twelve degrees produced immediate relief which was continued during nearly six months. It also indirectly cured the tinnitus, increased the hearing, and the sense of smell.
4. That is no reason to deny that in another case the disturbance induced in the nerve centers by an exophoria, may not attack other organs or apparatuses, and induce in them effects similar to those we have seen induced in the nares and adjacent structures.

**Antral Disease Following the Grip.**—Dr. J. S. Marshall has had four cases (Ohio *Jour. Dent. Sc*) in each of which there has been discharges into the nasal cavity of thick mucus—not bad smelling, nor was it pus, but simply apparently an excess of mucus which had filled the cavity and was discharged through the nose. He thought it advisable to open into the antrum between the roots of the second and third molars, as this is usually the most dependent part of the cavity. He usually used, as an antiseptic, Thiersch's solution—bland antiseptic, and very satisfactory:

| | |
|---|---|
| Boracic acid, - - - | 12 parts. |
| Salicylic acid, - - - - | 4 parts. |
| Water, - - - - | 1000 parts. |

**Two Cases of Urticaria Factitia.**—Conrad Alt describes two cases of this very interesting phenomenon, in an exchange. One, a girl of 12 years of age, had suffered from motor and sensory paraplegia of the lower extremities. She had completely recovered, but during the course of the treatment she possessed the symptoms of urticaria factitia. This condition, which has long been known, described by Bateman in 1821, and more particularly by Dujardin Beaumetz, consists in a raising of the skin after stroking heavily with the nail. In this manner figures of any description can be made to appear on the skin in swollen or reddened lines.

Another case, aged 20 years, is also reported, in which this condition lasted nearly three years, and was most remarkable in its intensity. Urticaria factitia is found especially in hysteria, neurasthenia and epilepsy.

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## Financial Responsibility

Editor Medical Review.—In an article of your journal of Sept. 10, headed, "Financial Responsibil ity," wherein you hold credit as the bulwark of business, etc., you state medical men, as a class, are exceedingly lax and criminally negligent in business, etc., and the gist of your argument leads people to infer that the whole medical fraternity are a set of defaulters; exacting credit from whoever they can. This is no more or less than advertising the medical profession as having no moral principles, or similar to that contemptible commercial agency .which stoops to advertize in their tri-monthly, detestable issue, honest men as defaulters, on the report of irresponsible parties—themselves dishonest; nine-tenths of the men so advertised are honest men, who strive to pay their debts, and though squeezed to the wall by bad luck, do not forget to pay their debts whenever a favorable reaction sets in, though feeling they have been disgraced by being published in a miserable dysentery called a book, gotten up by unprincipled men to make a living. This is simply plac ing an honest man in the light of a felon, which ill becomes you. For, as publisher of a weekly journal of medicine to advertise, especially as you derive your sustenance from the very class whose principles you condemn. The cause of medical men being as negligent as you illustrate in business matters is a result of placing too much confidence in promises of those whom they have risked their health and lives to serve, not from a lack of knowledge or moral responsibility.

There is no set of men as a class who have a better sense of morals than medical men, or would more willingly and promptly pay their debts; you must be well aware that their expenses in books, journals, instruments, etc., is no small matter, in order to keep pace with the times; and those who sell to this class of unfortunates have and are becoming rich from enormous profits and exorbitant rates, in fact, to use a slang phrase—"They go for us."

I have been in practce for 45 years, was better off financially when I started than now, have practised in this county 36 years, have a large practice, and find medical men are far more liberal in ideas, far more liberal financially than any other class. A great many are destined to live and practice in the country,they are compelled to take hay from one, oats from another, potatoes from a third, with some meat and a little flour from a fourth, which their debtors exact more than 20% above market price for. It is therefore a question of "root hog, or die," take this at our price or go without your pay, we have a choice and we certainly prefer not to root. Now comes in the beautiful moral part—they forget when Johnny or Mandy were sick the promises they made the doctor, if he would only bring 'em through. Storekeepers get their pay, saloonkeepers get theirs, undertakers get their pay, but the doctor has to do without until those who have employed him get a very good ready to pay him—perhaps never—under this regime. Alas! it is next to impossible for a doctor to be prompt in paying his debts, a country doctor especially, not because his sense of moral feeling has become dulled, but from surroundings as above recited. With the city doctors it is different as they collect pay when services are rendered.

With regard to financial embarrassment, the country doctor is in that fix from his advent to his exit, he brings something in, but carries nothing out—leaves a few books and medical journals which he has toiled to pay for, whilst others slept; driving over dangerous, impassable roads to reach the bedside of pain, or squalid misery, maybe his services never to be paid for—to be published as an animal insensible to moral obligations. As a remedy the country doctor must throw aside all feelings of humanity, have no milk of human kindness; let it be distinctly understood—cash up, or security for pay in thirty days, unless this rule is adopted among doctors they must ever remain as you are pleased to taunt them—poor pay, criminally negligent in paying debts

With regard to the party you alluded to as financially embarrassed, I fail to see how medical men can be held responsible, perhaps there may be something behind it, maybe too much style, or high living, or elegant furniture in an elegant mansion, elegant servants with an elegant turnout—all to be supported out of the profits of a business specially derived from men you have illustrated as negligent about paying their debts.

My experience in this country as a country doctor teaches me that there is no class of men who earn wages harder, live poorer, and have a harder life generally than the country doctor, and no set of men who pay their debts more willingly—when they have it.

LaValle, Wis., James J. Worthy.

## Arkansas Letter.

Editor Medical Review.—During the last six weeks we have been pirouetting through the land of the coon-skin-cap and log-cabin, and a very pleasant time we have had of it. We came South to try the waters of Hot Springs, that wonderful sanitarium, and hearing there of this new Lithia Spring we decided to test its virtues too. We took the south-bound train and in a few hours were at Hope, a very handsome inland town at the junction of the I. M. and the A. & L. Railroads. Ascertaining the spring was five miles away and could only be reached by private conveyance we decided to devote the evening to rest, writing letters and knocking around. While engaged in the latter laudable pursuit we dropped into a drug store the front of which was

filled with jars and bottles apothecary, while the back part was crowded with barrels, jugs, demijohns and ticklers, an ample sufficiency to equip a half dozen northern "sample-rooms." Here we met one of the resident physicians (in the front part, of course) whom we found a genial gentleman and a worthy disciple of Æsculapius. He was a member of the South Western Arkansas Medical Association (which embraces that part of the State south of Little Rock) and was very much interested in its work. Although these associations, I mean those in the State, are comparatively few, they are accomplishing great good for the profession—elevating the standard of merit, destroying petty rivalries and creating among the members a feeling of confidence and good-will.

My friend's office-table was well filled with journals and reviews, with which he had evidently familiarized himself. We told him of our contemplated trip to the new Lithia Spring, upon which he offered to drive us out to it the following morning. He esteemed the therapeutic properties of the water highly, especially in re nal disorders.

The following morning we were aroused from our slumbers by the office boy, who brought us a note, the purport of which showed that our friend had been called out during the night and could not leave his patient. His drag, however, was at our service and the young man to drive us. Fearing our luggage would be too bulky for a drag we begged to decline his offer.

We had no trouble in securing a good conveyance, and by 8:30 were en route for our destination, entertained by a "cullud" driver as loquacious as a Spanish barber. Five miles! multiply by two and you are nearer the true result. But five or ten, one hour and a half brought us to the Spring, and it was the most remarkable spring we ever saw. There are two pools six feet deep issuing from the side of a high hill, denuded of timber, except a few immense oaks. The water is a dark amber color, clear and sparkling, agitated now and then by the rising of a bubble of free carbonic acid gas. The small inclosure around the springs was filled with visitors, juveniles predominating; a polite lad offered us a dipper-full, which we at once essayed to quaff. The taste was as peculiar as the look of the curious liquid; it resembled genuine Cognac brandy, was very cool, slightly pungent and yet not unpleasant. A countryman, as much like the Arkansas Traveler in the picture as two black eyed peas, accosted us with—"Waal, stranger, how does it go? all I kin see about it wuth a cuss is its culler." The hills around were covered with rudely constructed camps, with an occasional tent; the occupants were country people from this and adjoining counties, who seemed to regard the water as a panacea for all human ills. On the crest of the hill was a small hotel surrounded by a capacious yard covered with luxuriant Bermudas grass, in which were a few rooms for guests; the landlord received us cordially and promised us a cot. He was a man *sui generis*, a walking encyclopedia of scientific and classic lore, an Unitarian in theology, and an ex-officer in Picket's Division. He came to these springs suffering with what he feared was one of Bright's diseases, and being relieved by the water he had it analysed. It was so fertile in lithia, the iodides and iron he concluded to remain here and make a sort of sanitarium. He was averse to flaming advertisements of mineral waters, saying this would work its way up if it had any merit, if not it ought not to. May be the old gentleman's inability induced his opinion. We saw enough to convince us of its remedial potency under certain conditions. Personally, our experience was most gratifying; when we arrived, and for a year previous, we had been distressed with indigestion and almost all its baneful consequences, wanting a stomach for food; in a few days the tables were turned and we were ravenous for food for the stomach. The mineralogical and geological formations about the springs were as remarkable as the water. Along the little valley below are beautiful specimens of petrified wood, the hills above are underlaid with a dark red iron ore and something like strontionite. A number of wells have been bored on the hills adjacent, each discovering the same formation, a sandy loam on top, the subsoil red clay down to the layer of rock, of which there must be an extensive stratum. Both springs have been excavated to this same layer, where on the side of the hill it approaches to within six feet of the surface and from which the streams of lithia water issue. The supply is meagre but neither it nor the temperature vary in summer or winter. When known and appreciated this water must prove a Godsend to many a poor sufferer. Already the proprietor has scores of letters, couched in laudatory language, from invalids restored to health, expressing gratitude. Our stay of ten days at this quiet health resort will long be remembered. The nights were delightful and sleep a luxury, although the mercury in the northern towns was registering from 95 to 100°. We had no mosquitoes, plenty to eat, a jolly crowd and a good time. The lakes, some six miles distant, abound in bass and white perch, and we were told there would be plenty of small game when the game law expired. We met several members of the profession from various parts of the country and found them far above the average doctor.

One other case we must mention: A young man who told us he had been under the influence of alcohol or opium for ten months; he came here two years ago to sober off, and succeeded with but little suffering in six weeks. He quit whisky the first day, said it would not stick with this water. He reduced the morphia by degrees, putting a certain quantity in a quart of water, and whenever he took a dose of the solution he added the same quantity of water. He said this lithia water quieted his nerves and made him sleep. He assured me he was entirely free of every stimulant except tobacco for twelve months. He was making a good beginning when we left him.

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This water contains a large amount of chloride of

lithium. May not that salt have the same effect on the system as the bi-chloride of gold which is being used so freely for the drink and opium habit? We do not venture an opinion, the case just cited suggested the enquiry, and it is not unreasonable, but very probable. More anon. F. M. McF., M.D.

**Iodide of Cyanogen.**—This poisonous compound, which is soluble in water or alcohol, has been recommended by Prof. Kobert (*Med. and Surg. Rep.*) as an efficient destroyer of all lower auimals. A recent report of E. Merck recalls this fact, and suggests its use for the preservation of zoological specimens in general, etc.

It is stated that general caution must be exercised with this substance, since it is notably volatile even at the ordinary temperature. For this reason also its use as a permanent preservative of the objects before men tioned is rather problematical.

**Gonorrhea.**—Dr. B. Frank Price sends the formula he uses in treating gonorrhea in the male (*Medical Brief*). His favorite way of treating this disorder, which he has used many times with much success was this:

℞ Bals. copaibæ, - - - - ℥j.
Tinct. cubebæ, - - - - ℥ss.
Salol, - - - - - gr. lxxxiv.
Ol. gaultheriæ, - - - - ℥j.
Syr. acaciæ, - - - q.s. ad. ℥iij.
M.

Sig. Teaspoonful 2 hours after meals, three times a day. To be well shaken.

The above formula was the best he ever used until he devised the following treatment:

℞ Lithiated hydrangea (Lambert), - ℥iv.

Sig. Take two teaspoonfuls in water, with six drops of oil of gaultheria, three times a day, two hours after meals.

℞ Morph. sulph., - - - gr. iv.
Zinc. sulpho-carbolate - - ℈ij.
Peroxide hydrogen, - - - ℥ivss.
Aquæ dest., - - - q.s. ad. ℥iv.
M.

Sig. Use syringful, after urinating, three times a day.

He always instructs his patient to exercise great care when using the syringe to press the urethra with the thumb and forefinger to prevent the fluid from being thrown too far back. A little caution right here will prevent the intense irritation that so commonly follows the use of the syringe, in causing irritation at the neck of the bladder.

In the hydrangea we have, par excellence, the remedy for the painful urinating, combined with the lithia, which is as pleasant a diuretic as is needed. The oil of gaultheria can well serve the same purpose as the balsam of copaiba, while the injection will quickly exterminate the exciting cause.

**Pelvic Disease and Psychical Disturbance.**—Dr. George H. Rohe, of Catonsville, Md., read a paper upon "The Relations of Pelvic Disease to Psychical Disturbances in Women," before the American Association of Obstetricians and Gynecologists.

The author pointed out the frequency with which bodily conditions influenced mental states. Thus, a torpid condition of the intestines, Bright's disease, putrefactive processes in the intestinal canal, etc., might give rise to melancholia and other disorders of the mental functions. It is not irrational to suppose likewise that diseases of the female sexual apparatus would have a not inconsiderable influence in the production or perpetuation of mental disorders. As a contribution to the knowledge of the subject, the following report was submitted:

In a hospital containing 200 insane women, 35 were subjected to vaginal examination, and 26 were found with evidences of pelvic diseases. In 18 of these the uterine appendages were removed with the following results:

Sixteen recovered from the operation and two died. Of the 16 recovered, 3 have been discharged from the hospital completely restored, both physically and mentally. In 10, considerable improvement followed the operation in both physical and mental conditions; and in 3 the operation was of too recent a date to allow any definite expression of opinion.

The mental disorder present in the 18 cases was, melancholia in 6, simple mania in 1, puerperal mania in 4, hysterical mania in 1, periodic mania in 2, hystero-epilepsy with mania in 1, and epilepsy with mania in 3.

The author basing his opinion upon his experience, concludes as follows:

The facts recorded demonstrate, first, that there is a fruitful field for gynecological work among insane women; second, that this work is as practicable and can be pursued with as much success in an insane hospital as elsewhere; and, third, that the results obtained not only encourage us to continue in the work, but requires us, in the name of science and humanity to give to an insane woman the same chance of relief from disease of the ovaries and uterus that a sane woman has.

**Ectropion of Both Upper Lids.**—Dr Hiram Woods related a case of Ectropion of Both Upper Lids from Disease of the Orbital Roof, and exhibited the patient to the Clinical Society of Maryland.

When the patient, a colored boy, first came under Dr. Woods' care he had had abscesses over the upper eyelid of each eye, which had ruptured spontaneously,

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leaving fistulous openings about the middle of each lid, from which pus exuded. With a probe, small areas of denuded bone could be felt about an inch back in each orbit. The patient was put upon tonic treatment, and the sinuses healed. The lids were enormously hypertrophied and the entire edge of each lid was fastened with cicatricial tissue to the edge of the orbit. Dr. Woods operated upon one eye in October, 1891, and upon the other three weeks ago. The edge of each lid was dissected from its position and stitched for the time being to the lower lid. The skin was freely undermined and the horizontal incision was converted into a vertical one. The results were highly satisfactory.

**Imperfect Development of the External Genital Organs, and the Probable Absence of the Uterus and Ovaries.**—Dr. Joseph Brettauer, presented to the New York Obstetrical Society (*Am. Jour. Obs.*) a patient, 18 years of age, having a good family history, and who sought medical advice on account of amenorrhea. The mammæ were not developed, nor were the external genitals fully developed, the labia majora being hardly distinguishable. The vagina readily admitted a small finger for the depth of about two inches, and at the upper part of the cervix was represented by a small nodule. Rectal examination indicated an absence of the uterus and its appendages.

Dr. Florian Krug said that he had had an opportunity of seeing a great many such cases and had studied them carefully. He did not remember ever having seen one in which the vagina was so well developed and yet the uterus almost entirely absent. In the case just presented there is a rudamentary uterus, but no transverse bands and no evidence of the existence of tubes and ovaries. There is absolutely nothing which can be done for this patient, notwithstanding that two cases have been reported where, with an almost total absence of the uterus, an incision made for the purpose of creating an artificial vagina is said to have had the effect of bringing on regular menstruation. These must have been erroneous observations, or else there must have been a greater development of the uterus than had been supposed. The fact that in this case there was such a well developed vagina, and such a rudimentary condition of the internal genital organs, would seem to confirm the view that the operation for forming an artificial vagina could have no such effect in the way of developing a uterus and in bringing on menstruation. Such patients should not be subjected to any surgical risk, however small, for the object of establishing a vagina.

**Salicylic Acid in the Treatment of Chancroidal Bubo.**—Dr. Frederick W. Gwyer presented a patient recently (N. Y. *Med. Jour.*), upon whom he had practiced this treatment. The patient, a man, aged twenty-two years, had entered Bellevue Hospital, April 20. He had had connection with a woman five days before the appearance of a chancroid on the penis. Five days later a bubo had developed in the left inguinal region. At the time he entered the hospital an inflamed, fluctuating chancroidal bubo of the size of a hen's egg was found. Crystals of salicylic acid were applied to the sore on the penis. In a few days the active symptoms of the bubo had subsided and the tumor had diminished in size. Shortly afterward the tumor entirely disappeared and now not a sign of any trouble existed. The speaker thought the acid was absorbed by the lymphatics and carried to the enlarged glands. By this method of treatment objectionable scars were avoided. He had treated many other cases in the same way with equally good results.

**Arrowhead Poison.**—M. LeDantec recently reported to the Society of Anatomy and Physiology, of Bordeaux, the results of experimental researches (*Ex.*) made by himself in relation to the nature and origin of the arrowhead poison employed by the natives of New Hebrides. He showed by experimentation that the poison was of neither vegetable nor animal origin, that is, neither curare nor serpent venom. A bacteriological investigation showed the poison to contain microbes which could be cultivated indefinitely. The poison is obtained from the earth found in bogs, and investigation showed that it contains a septic vibrio, and the tetanus bacillus of Nicolaier. This observation seems to completely refute the views heretofore held respecting the equine origin of the bacillus of tetanus, since the horse is absolutely unknown in the archipelogo of New Hebrides.

**Resorcin in Gastric Ulcers.**—Pope uses resorcin (*Ex*) in a dose of five grains three times a day in cases of gastric ulcer. It is both antiseptic, analgesic and hemostatic. Its analgesic property being the most valuable, enabling the stomach to tolerate food. He has also given it with advantage in gastric cancer.

**Australian Treatment of Snake-Bite.**—The London correspondent of the *American Practitioner and News* says: At the recent Nottingham meeting an Australian medical man mentioned that the Australian natives in cases of snake bite employ a very simple remedy which is uniformly effective. The process being as follows: A piece of human hair string, which is made up as strong and as fine as the best whipcord, is tied as tightly as possible three or four inches above the region of the bite, then a circle around the bite is cut with a sharp stone knife about an eighth of an inch deep and a quarter of an inch from the two fang punctures, when this is done the native slits the largest vein below the bite so as to let as much blood as possible out of the limb below the string, and keeps a stream of water running on the limb just above the affected part, rubbing the limb down all the time as hard as possible. This rubbing is kept up for about twenty minutes, till every drop of blood seems to get out of the wounded portion. Then the slit vein is stitched up with a peice of sharp thin wood, some dirt is dabbed on the wound, and the string undone.

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**Dr. Emil Lehmann,** of Russia, recently succumbed to an acute endocarditis, aged 61.

**The Next Congress** for Anthropology will be held in Constantinople, or if this is not practicable in Athens.

**Dr. Carl Fixsen,** of Borshom, in the Caucasus, recently died at the age of 60. He was a prominent Russian practitioner.

**The Canadian Medical Association** held a very successful meeting, its twenty-fifth annual, in Ottawa Sept. 21 23 last.

**The S. W. District Medical Association** of Missouri will hold its regular semi-annual meeting at West Plains, Oct. 10 and 11.

**Dr. Rudolf Wanach** is now business editor of the *St. Petersburger Medicinische Wochenschrift*, vice Dr. Theodor von Schroeder, resigned.

**A Noted French Physician** claims to have got good results in goitre from tincture of strophanthus ten to sixteen drops three times a day.

**Nashville** still continues to exact a hospital fee from each medical student. The City Council of that city has refused to abolish the ordinance in this respect.

**We Are Pleased** to announce that the later reports of Dr. W. W. Dawson, of Cincinnati, are more encouraging. We sincerely hope that he may be restored to his former health and usefulness.

**Attempted Suicide of Children.**—Five children in Berlin recently attempted to commit suicide in order to escape cruel treatment at the hands of their stepmother. One of the children died. The oldest of the five was but thirteen years of age.

**A Big Price for Typhus.**—A man named Herskowitz has sued the proprietors of a Bowery lodging house in New York for $10,000. He says (*Ex.*) that in February last the Health Board removed from the house several persons afflicted with typhus fever, and that he took a room there subsequently under representations that there was no danger of the fever. He contracted the fever, and from February 20 to May 13 was on Ward's Island. This is at the rate of $1,000 a week.

**Cholera Scapularies** is the latest. They are advertised to stop cholera or to prevent it, and are sold at the moderate price of 4½ francs (post paid) on addressing the Abbe G—, Toulon, France. Each one is said to have been blessed by the Pope.

**Minding the Gaps.**—State Health Officer Swearingen, of Texas, is fully alive to the importance of taking the necessary steps to protect Texas from cholera (Tex. *Med. Jour.*). At every seaport a strict quarantine is in force, and the inspection service on the Mexican border has been doubled. Inspectors have been appointed for railroads entering Texas, and should cholera break out anywhere in the United States and it become necessary to quarantine, these inspectors will be put on all incoming trains, and no one who has been in an infected town, or any place reported to be infected, will be allowed to enter the State. All is now in readiness to establish camps of observation and pnt on inspectors at a moment's notice.

**Iced-Water.**—The most of the ice consumed in New York must be pure (*Post-Graduate*) or if not perfectly so, not sufficiently impregnated with organic matter to do much harm. The actual consumption of it in America, induced by the necessity created by torrid terms, is immense. So well is the national craving understood at American hotels, that whatever else may be lacking, a pitchea of iced water is never beyond easy getting. Any ring of the bell by a new-comer is promptly answered by a boy with a pitcher, or jug, as our English friends say, heaped up with pellucid ice. Soda fountains and iced drinks do not flourish in London, because they have no such heated terms there, to drive almost to frenzy those to whom the tremendous action of the skin has made so thirsty. Forever flourish the iced water, as long as we have a tropical climate.

**Apostoli's Clinic,** according to a cotemporary, is daily overcrowded by both patients and physicians, which evidences the fact that his results are satisfactory to those most interested. For this method of treatment it often requires much confidence and forbearance on the part of the patient, and patience on the physician's part. Apostoli's method of administering the treatment, especially taxes the good nature of his patients. He requires each one to make preparation by removing every article of clothing, except a loose wrapper, and places her on a high table, with the wrapper drawn over the breast, so as to expose her from the ribs down. She there receives an antiseptic vaginal douche, and his large, cold, clay electrode is then clapped suddenly on the sensitive abdomen. All this must be exceedingly trying to a patient, being performed in the presence of ten to fifteen strange physicians from all parts of the world. It is difficult enough for American patients to submit to the slight incidental pain, in a private office and no exposure of person.

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**Excellent Advice.**—Doctor, Wash your Feet, is the title of an article in one of our Chicago cotemporaries.

**The Tri-State Medical Association** of Alabama, Georgia and Tennessee will hold its fourth annual meeting at Chatanooga, Tenn, October 25, 26 and 27, 1892.

**A Corner on Vaccine** was brought about recently in Moscow, and in view of a threatened epidemic of small pox the price of the virus was increased some thousand per cent.

**Dr. E. Lesser**, formerly Privat-Docent in Leipzig has been created Professor of Dermatology in the University of Berne.

**The Academy of Medicine of Lima** was recently asked by the government for an opinion as to the value of registration and examination of prostitutes in the prevention of syphilis. The committee to whom the question was referred was unanimous in its approval of the proposed measure.

**A Piece of Steel in the Heart.**—A man died a few days ago in Brooklyn from the results of a fracture of the skull received in a bar room fight. At the autopsy a piece of steel wire, looking something like a woman's hat-pin, nearly an inch and a half long, was found in the heart wall. How long it had been in the heart could not be determined, but it was evidently not of recent introduction.

**Death of Dr. John S. Dickson.**—On Sunday morning, Sept. 4, Dr. John Shields Dickson died of pneumonia at his late residence in Allegheny. Dr. Dickson's last illness was short, but his health had been failing for more than two years, and his decease was not unexpected to those who knew him best. He was born in Allegheny on April 11, 1844, being the eldest son of Dr. John Dickson, so well known in that community.

**The Misericordia of Florence** is a society of persons banded together to do good (*Med. Rec.*). The society has its headquarters, and certain of its members are detailed for service each day. When sickness or accident calls them out, they slip on black or white robes, so that each is indistinguishable from the other, for the essence of their philanthrophy is that they ignore all claims to gratitude for their services from those they benefit. Visitors to Florence have often seen these bands stealing through the streets, coming and going from the houses of the sick and dying. Allied to this association, and with somewhat similar objects, is the Medico-Chirurgical Guard, the members of which are young physicians and advanced medical students. They furnish medical aid to the poor, while the Misericordia supplies their other wants.

**The West Tennessee Medical and Surgical Association** will meet in Jackson, Tenn., at 10 o'clock A.M., on Thursday, October 5, 1892, in place of the 17th day of November. I. A. McSwain, M. D., Secretary, Paris, Tenn.

**Astonishing the Natives.**—Under this head the *Chemist and Druggist* tells a story related by the Rev. A. N. Wood, a Mamboia missionary, about a lion which caught a man and partly ate him. The natives were terror-stricken, and sought the missionary's advice through the chief's son. Mr. Wood gave him a little strychnine and directed him how to use it. The result was that the next morning the lion was found dead. It was a very large male lion, and all the people said it was an old man-eater. The natives buried the carcases, but the hyenas came during the night and had a feast, to their sorrow, for ten of them have been found dead. The natives could not understand it all, one lion and ten hyenas, with less than a teaspoonful of white-looking stuff, like salt, was past their comprehension. And Mr. Wood calls a teaspoonful of strychnine "a little."

**Dr. Forbes Winslow** relates in the columns of the *Echo*, how in Alexandria, when some cholera-soiled linen was about to be burned, an Egyptian offered to buy it for the purpose of converting it into cigarette papers. Although Dr. Winslow does not state whether or not the offer was accepted, he evidently thinks the possibility a very alarming one. Although, doubtless, most people would prefer cigarette papers made out of unsoiled damask tablecloths, the risk of infection by such means must be very small. If disinfection be ever more than an effort of the imagination, surely the elaborate process of converting rags into paper must accomplish the perfect sterilization of the infected linen. The risk, if any, would lie in the removal and transport of the linen, and not in its ultimate conversion.

**Specialists in Gastric Diseases.**—Professor C. A. Ewald says, in his recently published work on "Diseases of the Stomach," anent specialists in gastric diseases, that it may happen that one is consulted especially by patients with stomach troubles because he has occupied himself chiefly with the study of these conditions, and has acquired a reputation for special experience. But physicians and the public are influenced not by special but by general medical knowledge (N. Y. *Med. Jour.*) which is not acquired by a physician who, immediately after graduation, sets himself up as a specialist for stomach diseases. The close and complicated relations existing between diseases of the stomach and those of other organs make it impossible to find satisfactory special occupation in the treatment of the former alone, because the field is too small and the technique is so easily learned and is so limited in its scope. These remarks are, in general, applicable to many other specialists besides those of the stomach.

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**The German Society of Alienists** which was to meet at Nuernberg, Sept. 9 and 10, postponed the meeting indefinitely on account of the prevailing epidemic of cholera.

**L.R.C.P. & S., Ed., L.F.P. & S.G.F.R.C.S., Ed.** are the letters following the name of a Professor of Anatomy in one of the medical schools of this great country. He ought to be a good one (at the alphabet).

**Dr. Peter Bryce.**—The distinguished Superintendent of the Alabama Insane Hospital, at Tuscaloosa, died of Bright's disease, August 14, 1892. He was born in Columbia, S. C., March 4, 1834 He was elected to establish the Alabama Insane Hospital in 1861. At the time of his death he held the honor of being President of the American Neurological Association. His ability in his special line of study was recognized everywhere that he was known.

**Drawing the Line at Cholera.**—The peasants of a little village near Moscow, fearing an invasion of cholera, put a charm around the place in accordance with an old superstition. Six virgins led by two widows, dragged a plow at midnight around the village, while a third widow preceded them carrying in her hands a banner with the image of the Holy Virgin. The cholera. as the peasants believe, will never be able to cross the line made by the plough, and as long as they remain within this magic circle no harm can come to them from this scourge.

**Digestibility of Beef and Fish.**—Popoff's researches on the digestibility of beef and fish after different methods of preparation show that both are more digestible in the raw state than when cooked. The longer beef is cooked, the more indigestible it becomes. After the same manner of preparation, except smoking, beef will, in general, be better digested than fish. Smoked fish is more digestible than raw or cooked. On the other hand, smoked beef is peptonized with more difficulty than if in some other condition, perhaps because the digestion is impaired by the strong salting which precedes the smoking.

**Sir. Joseph Fayrer,** if the cable reports him correctly, doesn't think much of the views held by the rest of the medical world concerning cholera. He says that the diffusion of human intercourse does not explain the movements of epidemics, and he holds that, whatever the true origin and cause of cholera may be, the materies morbi is diffused through the atmosphere rather than in water. Nevertheless, he is willing to yield to a popular prejudice so far as to admit that "it is undeniable that bad sanitation, and especially impure water, invites and increases the severity of cholera when the epidemic is present in the atmosphere." Of course, holding such views he thoroughly disapproves of quarantine.

**Mosso** has determined as the results of a series of experiments that the brain is the warmest part of the body.

**William Wood, M.D., F.R.C.P.,** Consulting Physician St. Luke's Hospital, the well-known alienist, died August 27, last. Dr. Wood was born in 1816, his father being then surgeon in the 79th Light Infantry, and his mother a daughter of Sir John Ramsden, Bart. In 1834 he entered the medical faculty of University College, where his career as a student was a distinguished one. Besides other honors, he gained the much coveted gold medal in the anatomy class. At University College, Wood formed friendships, which lasted throughout his life, with Sir William Jenner, Mr. Erichsen, Sir Richard Quain, and many others. In 1848 he took the degree of M.D. at the University of St. Andrews, and in 1864 he was elected a Fellow of the London College of Physicians.

**Chicago Drainage Canal.**—The canal which is to take the sewage of Chicago toward the Mississippi and relieve the lake and the water-supply from the filth which is now poured into it in large quantities, has been begun (Boston *Med. and Surg. Jour.*). This canal will take from Lake Michigan 600,000 cubic feet of water a minute, which it is hoped will be enough to dilute the sewage sufficiently to make the region tolerable through which the canal will pass. From the point at which the Chicago River leaves Lake Michigan to the Union Stock Yards is about four and a half miles, and it is at this point that the canal will leave the Chicago River and run about thirty miles to the Des Plaines River near Joliet. It is estimated that it will take four or five years to complete the work and that the cost will be from twelve to twenty million dollars. The drainage district will comprise the city and considerable outlying territory.

**The College of Medicine at Hong Kong.**—Under the skilful and energetic management of Mr. Cantlie, who will be remembered by many of our readers (*Lancet*) as an esteemed colleague on the medical staff of Charing-cross Hospital, the Hong Kong College of Medicine is able to show a worthy record of work done during the past year. July 24, the prizes and diplomas gained by the *alumni* of the college were presented by Sir Wm. Robinson, the Governor. At the conclusion of this ceremony the dean, Mr. Cantlie, delivered an address in which he described the course of study pursued at the Chinese College, which, he said, is exactly similar to that obtaining in the medical schools of Great Britain. The Alice Memorial Hospital, which had been placed at the disposal of the college by the London Missionary Society for the practical treatment of disease, had been found amply sufficient for the needs of the students. and altogether the dean considered he had abundant ground for congratulation on the prosperity and efficient work of the institution.

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**A New Kind of Closet.**—A new method of dealing with excrements was demonstrated in Berlin lately by its inventor, a Russian captain named Nadein. The idea is to separate the liquid from the solid excreta and to utilize the latter. The main feature of the system is a parobolically shaped metal plate, down which, when properly adjusted in a closet, the liquids run into a gutter and thence into the main pipe, while the solids fall from the upper curve or the plate into a vessel, in which they are mingled by means of an automatic apparatus with earth, lime, or charcoal and converted into manure or fuel.

**A Pasteur Institute for India.**—The idea of establishing a Pasteur Institute in India has been mooted, and in some quarters meets with warm approval, although the English Government or, at least, its medical advisers, fear lest such a measure should lead the public to believe that they had committed themselves finally to M. Pasteur's theory. It is not at all unlikely however, that some practical steps will be taken in the coming autumn in the Punjab, as the pres ent ruler of the Punjab is favorable to the idea and an experienced civil medical officer of the Punjab establishment has, during his furlough, been studying the Pasteur system on the spot. It is intended, therefore, if possible, to take full advantages of this officer's knowledge. There is no doubt that such an instituiion would be of great value to India.

**Memphis and Her Sanitary Condition.**—Memphis of 1892 is not the Memphis of the eighteen-sixties and seventies (Memphis *Med. Mo.*). This city has, since that time, undergone a phenomenal revolution in matters sanitary. Then, she had but few sewers; now, her sewer system is the best and most complete in the civilized world. Then, the citizens relied on stored water in underground cisterns and on superficial wells; now, we have an inexhaustible supply of pure, cold, sparkling artesian water, coming from away below the bed of the Great Father of Waters—the Mississippi River. Not connected with the waters thereof, but coming up through a bed of impermeable clay more than one hundred feet in thickness. The source of this water is not positively known; it, however, probably flows to this common basin, formed by the earth's strata, from either side of the mighty waters that flow toward the Gulf of Mexico in the superficial channel of the great river. From whence it comes, is quite immaterial in connection with our present purposes. That which we most desire to know, we know, *i. e.*, the water is pure and is stored, or is found on its way to the gulf, between under strata, far beyond the reach of the "vile catfish" of the Mississippi River, or of the dreaded cholera bacillus imported from away-off India. Memphis has never had cholera to any great extent, and now that she has these advantages, coupled with a wide-awake health department, fear may be regarded as misplaced, even in the event of a visitation.

**The Death of Dr. John James Reese,** of Philadelphia, on the 4th ult., removed the veteran toxicologist of the Universitp of Pennsylvania. He resigned in October, 1891, the professorate in medical jurisprudence held by him since 1855, and became professor emeritus. He was the author of a "Manual of Toxicology" and edited the seventh edition of Taylor's "Medical Jurisprudence." He was physician to St. Josephs Hospital and other institutions. He was in his seventy-fifty year at the time of his death, which took place at Atlantic City.

**Soldiers' Boots.**—It will be remembered that a short time ago a French army surgeon, Dr. Alex. Colin, published the results of his investigations into the effects of marching upon the soldiers in disciplined bodies and the prejudicial effects of the regular repetition of an indefinite number of small shocks on the body, for which the provision of an India rubber heel for military boots was suggested. It is stated that this heel has been tested by several infantry regiments with satisfactory results. The comfortable and efficient shoeing of the soldier is unquestionably a very important item with regard to his efficiency at all times, especially on field service.

**The "Orificial" Fad.**—According to the Maryland *Medical Journal*, like "Homeopathy," the new-born "Orificial Method" professes to have discovered a principle upon which many, if not all, human ailments may be relieved; unlike its great predecessor, its doctrines are clear and simple, free from all abstruseness of philosophical ratiocination. It reasons thus:

The vital functions of the human body are regulated by the great sympathetic nerve-system. The fibrils of this system are exposed to compression at the orifices of the body, where the sphincters are liable at any time to close upon them. Spasm of any sphincter will irritate the sympathetic nerve-endings which are inclnded in its grasp—this irritation will throw important parts of the internal sympathetics out of gear, and cause untold disturbance of the health. Spasm of the sphincters is therefore incompatible with health, and must be removed before health can be restored. With the removal of existing sphincter spasms, the most complicated and alarming disease states will vanish, like snow kissed by the rays of the morning sun. The proper way to relieve such spasm and to cure such cases is to stretch the contracted sphincter.

The discoverer unfolds his discovery. Ardent disciples are fired by the mighty truth. A great search for contracted sphincters is instituted.

A patient is afflicted with chronic constipation, melancholia, and the thousand ills that follow in its train. His anal sphincter is found to be contracted! By the great "American operation" the sphincter is dilated. Astonishing recovery follows. The victim of living death awakes to usefulness.

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**Death from Hydrophobia.**—After a long immunity from hydrophobia, due, no doubt, to the stringency with which the muzzling order was carried out through the country, a case of hydrophobia recently occurred in Liverpool, and unfortunately ended fatally.

**The Empress of Germany** has decided that the surplus proceeds of the lottery which was got up for the purpose of raising money to make more open spaces round the Royal Palace, amounting to £5,000, shall be devoted to patients in lying in hospitals.

**Miss Henrietta Kenealy** and Miss Annesley Kenealy (a member of the Royal British Nurses' Association, and Lecturer to the National Health Society) left London for Hamburg recently. These ladies placed their services at the disposal of the medical officer of the Eppendorf Hospital to assist in nursing cholera during the epidemic, and were informed by telegraph that they would be "magnificently welcomed."

**Antonio Maria Barbosa, M.D.,** Emeritus Professor of Surgery Medico-Chirurgical School, Lisbon, the best known of contemporary Portuguese surgeons, and the foremost man in the medical profession in Portugal, died at Lisbon at the age of 77. He was was born at Horta, a town of Fayal, one of the Azores, in 1825. He seems to have been first intended for the profession of pharmacy, and spent some years behind the counter in a druggist's shop in his native town.

**Insanitary Moscow.**—The ancient capital of Russia is invested with a special sanctity in the eyes of the Czar's subjects, and is, therefore, known among them by the name of "Holy Moscow." We are not concerned to dispute its claim (*Brit. Med. Jour.*) to this title, but we think it would be well if the Ediles, whoever they may be, who are responsible for the sanitary administration of the holy city, were to do something to temper the odor of sanctity which pervades it to the weakness of the average human nose. Although we believe there there is no Scripture warrant for the text "Cleanliness is next to Godliness," it is a wholesome and surely not an unholy thought, especially when cholera is knocking at the gates. The chief magistrate of Moscow recently stated that for the thorough cleansing of the city the removal of 30,000 barrels of refuse daily for a month would be necessary. As a matter of fact, only 900 barrels are taken away. With a residuum of filth constantly increasing at this rate, Moscow must be a veritable mine of communicable disease, which the slightest spark would fire. Yet in the face of this most pressing danger the *Duma* (Local Council) appears to think it has shown itself equal to the situation by voting a sum of 20,000 roubles (£2,000) for sanitary purposes. One is almost tempted to think that the most effectual remedy for so disgraceful a state of things would be that "Holy Moscow" should undergo another purification by fire as in 1812.

**Scarlatina** continues to be epidemic in London, and shows no signs of abatement.

**Cholera in Persia.**—The cholera has materially decreased at Astara and in the environs of the town, where there are now only a few isolated cases of a mild character. The epidemic is also abating at Tabriz. On the other hand, the disease is increasing at Ardebil.

**A Physician's Library is Exempt from Execution.**—As many members of the medical profession are only able to make a living from their practice, and when misfortune comes cannot avoid running into debt, a decision of an Iowa court will perhaps have a close personal interest as any decision on a question of malpractice could have, says the Pacific *Record of Medicine and Surgery*. The Iowa Code exempts from sale on execution for debt the books and instruments of a practicing physician who is the head of a family, and the court held as a matter of law the money arising from the insurance of such property against loss by fire was also exempt.

The opinion of the court is as follows: "The purpose of the statute is to secure to the debtor who is at the head of o family, a physician and surgeon in this case, the instruments, books and other articles which enable him to practice his profession.

"Its purpose is to secure the necessaries of life—food, raiment and shelter—to families who are dependent upon heads thereof, by securing to them the instruments and means by the use of which they are enabled to support their families.

"The exemption is plainly for the benefit of families of debtors, for those having no family can claim no exemption. * * * The debtor in the case before us was authorized under the statute to hold the property in question exempt from debt, if it were used for the purpose of his profession. It is plain that the use for which the property was kept determined the question of its exemption. The books, instruments, etc., of the physician and surgeon may be kept subject to the authority to change them, by sale or otheorwise, in order to procure those of better character or improved construction.

"It is plain that a physician may sell his books and replace them with better ones. Such sale is a proper use of his books and instruments in his profession.

"Another use of his books and instruments is their preservation from injury and destruction.

"He may insure them to protect himself and family from loss from fire. The fact that they are insured would not make them subject to his debts.

"If they were destroyed by fire the indemnity secured by insurance stands in the place of the books. It is intended to preserve the physician's library by securing means for its restoration after it is lost by fire. Surely that indemnity which is the indebtedness of the insurance company or the money paid out, stands in the place of the library, and ought to be, as it is, exempt from execution."

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**Dr. Arpad G. Gerster** has resigned from the chair of Surgery in the New York Polyclinic.

**Well Put.**—Says the *Times and Register*: On the principle of *similia similibus* the homeopaths are recommended to use the flower known as sweet pea in diabetus mellitus.

**In 1891,** out of 1,160 members of the staff of the London Isolation Hospitals for infectious diseases, only two died of affections presumably contracted in the discharge of their duties.

**Baron de Hirsch** has sent a donation of £300 to London Fever Hospital, Liverpool Road, "to help the work at a time of unusual pressure caused by the prevalence of scarlet fever in London."

**The Death of Dr. Samuel J. Brady,** of Brooklyn, occurred September 8 in the fifty-third year of his age. He was a graduate of Bellevue Hospital Medical College, of the class of 1868, one of the original medical staff at St. Catharine's Hospital, and surgeon of the Police Department. He died somewhat suddenly and a writing was found which showed that he had been a sufferer from renal disease for fifteen years, and had foreseen that death by uremic coma might overtake him at any time.

**The American Association of Obstetricians and Gynecologists** elected the following officers at its recent meeting held in St. Louis: President, L. S. McMurtry, Louisville; First Vice-President, Edward J. Ill, Newark. N. J.; Second Vice-President, H. W. Longyear, Detroit; Secretary, W. W. Potter, Buffalo, N. Y.; Treasurer, X. O. Werder, Pittsburg, Pa. The next annual meeting of the Association will probably be held in Detroit, Mich., although Baltimore is a strong claimant for the location.

**Diarrhea and Cholera.**—In regard to the relations existing between these two conditions the Texas *Sanitarian* speaks as follows: As to diarrhea running into cholera, and the careful avoidance of certain articles of food to which we are daily accustomed, that is all nonsense. A chill and fever could as easily run into typhoid fever or diphtheria, both of which are infectious diseases, caused by a living, poisonous germ. If the water in which the food is cooked is pure, there is no danger of cholera Asiatica.

**The Grumbler.**—The *Medical Tribune* says: Some men seem born to grumble. If a matter of which they complain is shown not to exist, they immediately look for something else to find fault with. If they were in heaven they would find fault with the street-paving, the cut of the angel's robes, or the dialect of St. Peter. Except they are blaming something or somebody, their occupation is gone. To be truthful is hardly in their line; it is enough to be plausible. They live only for the purpose of objecting to what others do.

**Menthol in Itching.**—Dubreuilh recommends the following for itching (*Ex.*):

℞ Menthol, - - - - - - ʒij.
Ol. amygdal., - - - - - ʒiij.
M.
Sig. Use externally.

**Scott's Disinfecting Pastilles.**—

℞ Wax, - - - - - parts, 50.
Sulphur, - - - - - " 20.
Saltpetre, - - - - - " 10.
Powdered charcoal, - - " 10.
Flour paste, - - - - " 10.
Plaster-of-Paris, - - - a trace.
M.

**Hemicrania.**—Schlutius employs the following pastilles (*Med. and Surg. Rep.*):

℞ Phenacetin, - - - - - gr.xlv.
Caffein. et sodæ salicylat., - - gr.ij½.
Quiniæ muriat., - - - - ʒss.
Morphiæ muriat., - - - - gr.¾.
Saccharin., - - - - - gr.$^{3}/_{20}$.
M. Ft. trochisci No. 10.
Sig. One pastille at a dose.

**For Malaria.**—The following is Dr. C. E. Marlette's treatment (*Med. World*): He begins the treatment of malaria with a purgative dose of calomel in combination with ipecac and capsicum. Then the following:

℞ Extract. eucalypti., - - grs. xxxvj.
Quiniæ sulphat., - - - grs. xij
M.
Make twelve pills and give two three times a day. Keep bowels open with a saline.

**Aromatic Laxative Essence.**—This is officinal in the Strasburgh Pharmacopeia. It is an excellent laxative:

℞ Black hellebore, - - parts, 60.
Jalap, - - - - - - " 60.
Scammony, - - - - " 30.
Canella, - - - - - " 12.
Cloves, - - - - " 12.
Calamus, - - - - - " 12.
Proof spirit, - - - " 750.

Mix, and macerate the drugs in the spirit for eight days. Strain, express, and filter.

An excellent substitute for the above may be made by dissolving one part of resin of jalap in nine parts of alcohol, and flavoring with a little oil of lemon and oil of bergamot.

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**Rounder.**—Old Soak has a job now.

Stounder.—What is it?

Rounder.—When cases of alcoholism come up in the Police Court he is called in as an expert witness.

**I Don't** understand it at all. Ever since our Lina has been taking singing lessons the door-bell is always ringing, and people coming to ask if a dentist lives here.

**Fair Patient.**—Doctor, I am troubled with an unconquerable inclination to yawn. Can you tell me how to get relief?

Physician.—Yes, madam. When you feel like yawning, just yawn.

**Doctor.**—H'm! You are run down, sir. You need an ocean voyage. What is your business?

Patient.—Second mate of the Anna Maria, just in from Hong Kong.

**Mrs. Sparks.**—Goodness gracious, John, what are you giving baby whisky for?

John.—It always helps me when I have trouble with my teeth.

**If I** were to commit suicide, said Gus De Jay to his father's physician, what kind of a verdict would the Corwoner bring in? Justifiable homicide, was the emphatic reply.

**I Don't** know what business that man is in who was talking to us just now, remarked Dr. Quinia to his wife at the hotel table, but I'll bet he isn't a doctor.

Why do you think he isn't? she inquired.

Because he said "health is wealth."

**They Take it Gently.**—They were watching the people going to church Sunday morning from the hotel window.

There's a nice-looking man, a comfortable-looking sort of a man, one of those men you always have a feeling or desire to trade places within, remarked the visitor, pointing out the one in question.

Yes, replied the resident, he is one of our best known men, and he has for years been taking life very quietly indeed.

A capitalist? inquired the visitor.

Oh, no; a doctor, and there was a lull in the conversation.

**The Big Four Route,** which is the popular name of the Cleveland, Cincinnati, Chicago and St. Louis Railway, proposes to make rates for the coming meeting of the Mississippi Valley Medical Association at Cincinnati, October 12, 13 and 14, which will simply be "out of sight." This route is so well known as to require no commendation at our hands. That it possesses the best facilities is shown by the following schedule:

| READ UP. | | | READ DOWN. | |
|---|---|---|---|---|
| 17 | 7 | | 12 | 18 |
| DAILY | DAILY | | DAILY | DAILY |
| 7.15 pm. | 7.35 am. | Ar. St. Louis | Lv. 7.55 pm. | 8.05 am. |
| 1.58 pm. | 1.41 am. | Ar. Terre Haute | Lv. 1.22 am. | 12.56 pm. |
| 12.05 pm. | 11.45 pm. | Ar. Indianapolis | Lv. 3.45 am | 3.00 pm. |
| 8.30 am. | 7.55 pm. | Lv. Cincinnati | Ar. 7.10 am. | 6.00 pm. |

Night trains Nos. 12 and 7 carry through Pullman and Wagner sleeping cars in addition to elegant high-back seat coaches, and run through solid between St. Louis and Cincinnati; and if the delegation from St. Louis should select the train, No. 18, "Southwestern Limited," leaving St. Louis at 8.05 a.m., suitable accommodations to run through without change will be provided.

**The History of the Wabash Railroad** is one of the most interesting in the record of American corporations. The road has had many changes of management and ownership, its earnings have shown remarkable fluctuations, and even its mileage has for a time grown rapidly and then under the effect of foreclosure sale and reorganization, shrunk to about half its highest figure. Since its last reorganization three years ago the property has been handled in a progressive and yet careful and reasonably economical manner, and in spite of the embarrassment of too heavy capitalization and of the keenest competition by several parallel lines it has shown a steady increase in gross and net earnings, and at the same time the physical condition of the lines has been brought to a standard of excellence never before reached.

**Cholera Measures.**—The following timely circular has been issued to officers and employes in charge of the Northern Pacific property: "You are hereby directed to examine all buildings, yards, etc., under your supervision and see that immediate and proper measures are taken to have them in a thoroughly cleanly and healthy condition. There should be no accumulations of any kind permitted. All vaults, water closets, catch basins, sinks, etc., must be thoroughly disinfected, and no accumulation of filth of any kind must be permitted upon the company's premises."

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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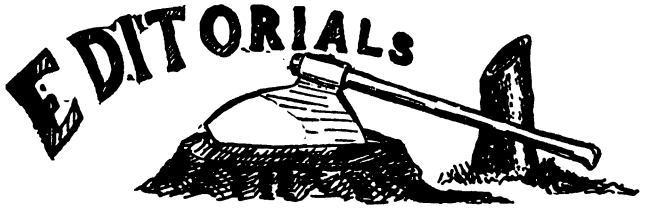


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All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Theory and Fact.

This is a great age, one of whose boasts is that it is eminently practical. Yet when we come to look more closely into the true status of affairs it is as theoretical as any in the past. The great difference to be observed between this age and former ones is that we are inclined to the analytical modes of thought and are consequently making much more headway as a result of this. Unfortunately this method has not been universally adopted. This adoption has been retarded by what has almost begun to be a habit—the search for the sensational. Things must be sensational, nowadays, in order to arrest attention and it matters not in what department of human interest or work we look, we find this everywhere evident. From the inhabitants of Mars to the latest small elopement sensationalism must be present, and the more of this quality there is, the more attention does the subject command. This is the age of electricity and we must be "swift." The slow-going individual no matter how valuable and serious his work may be is sure to be distanced by his quicker and more "enterprising" cotemporary. It matters not that the latter is ephemeral; he manages to reap all the benfit that is possible and when that much is accomplished he is ready for pastures new and he will again be successful with the ones whom he has once before gulled, but whose credulity like that of the upholders of Keeley, of motor fame, is without bounds and long-suffering.

In medicine the same conditions hold good. We do not desire to advert to such bold frauds as Count Mattei's cancer cure by means of various colored electricities. Nor do we desire to speak of any of the thousand and one frauds of all natures and sources which have been time and again exposed; and which, in their heydey, received the support and sanction of prominent and supposedly intelligent persons. These constitute rather examples adapted to a thorough study of the superstitious remains which may, even to day, be observed clinging to the human intellect. As a study of the reversal to former psychical conditions they are both instructive and entertaining. But as evidences of the mental superiority of the nineteenth century they are shameful and degrading. That this form of quackery will ultimately disappear we have no doubt. But it will not be accomplished by legislation. It must result as the inevitable consequence of the evolutionary changes which are constantly taking place, whose irresistible forces cannot be successfully opposed. As long as the marvellous holds as much sway over the human mind as it does to-day, so long will wonderful cures be taken up and fostered, and so long will there be found those who will be ready and ingenious enough to supply them, employing all the pseudo-science available to support their card castle. A gust will destroy this high and glittering edifice; but this hurts no one and, in the meantime, another one is ready to supply the craving for tinsel which always exists. The more intelligent are amused by these puerile pretensions and make light of them. Their mental superiority cannot be made subservient to such shallow tricks, which are only capable of deceiving the ignorant *'oi polloi*. Yet these very same superior beings are entrapped by snares which are the analogues of the others, even if more refined and scientific.

We no longer speak of the *theory* and practice of medicine. Now-a-days it is the *principles* and practice. We have risen a step higher than our fathers and yet what have we accomplished? We have added vast

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stores to our knowledge, it is true. We have mastered principles which the imaginings of the wildest dreamer never conceived. But what has been the real, the ulti mate gain? Have we obtained facts which will bear comparison with the number of theories to which a few discoveries have given rise? Or, are we drifting back to the epoch of useless speculation and profitless discussion? We are ready for the arguments which may be heaped upon us; we are prepared for the homilies which may be indulged in; but we stand upon one firm rock—what has been the practical outcome? That it has been great we are willing to admit; that it has been proportionate we deny. For instance, let us take what has been called one of the greatest discoveries of the age. Robert Koch gained undying fame by the discovery of the bacillus tuberculosis and the methods of differentiating it from all the micro organisms. Its presence enables us to make a positive diagnosis of the existence of tuberculosis of the lungs. Struma has been shown to be tuberculosis and a number of facts of this nature have been carefully collated and verified. Upon these have been built numerous theories of more or less doubtful worth whose truth has, in most instances, been refuted. We are to-day no nearer the true treatment of consumption and scrofula than we were twenty-five years ago. The empirical methods which experience had proven to be the best remain masters in the field of therapeutics to-day and if we have succeeded in anything at all it is in reconciling the theories which have been formulated with the facts which have been observed. Other theories which are as little susceptible of proof as those of the humeral doctrine have been introduced and they, in their turn all have to succumb to the invincible force of fact.

We are to day in possession of a large number of facts relative to the comma bacillus—the supposed cause of cholera. Some of these are the results of experiments made *in vitro* and observation has shown that they will not apply in the ordinary conditions of life. Historical evidence is plentiful to prove that certain methods of inoculation, which are successful in the laboratory, are not so in the ordinary relations of life; and, if they were, the population of the earth would disappear in an incredibly short space of time. We have many conditions which seem to modify others and these constitute facts to which we must bend theory. Unless theory is made explanatory and satisfactory it is not worthy the name. Principles, it is true, are as lasting as the granite-ribbed peaks of the Rocky Mountains. But to be such they must be principles not merely theories to which the name of principles has been attacked. If there be the least discrepancy observed in the application of a theory it remains such and should not be dignified by the name of a principle. Nor should too much importance be attached to a phenomenon as is done in but too many instances, in these latter days. Metchnikoff's descriptions of and studies in phagocytosis made a sensation and forthwith we had the entire theory of immunity explained, until some one demonstrated the flaws which existed in the attempted generalization of a really important discovery. Flemming's work in karyokinesis is of the same character. He made a really important contribution to biology and pathology, but not of such a magnitude as his extravagant admirers would have us believe.

We are undoubtedly in a theorizing age in which the most advanced thinkers are endeavoring to make their impress. We are almost daily confronted by revolutionary propositions and we are now forced to consider everything by the judicial method. While our methods, as a rule, are analytical we must now consider the weight and value of evidence. Our facts must be examined from every standpoint and considered in their relative conditions as well as actual manifestations. Virchow's cellular pathology still holds its own in many conditions despite the destructive action of the tidal wave of bacteriology which, at one time, threatened to annihilate it. The facts which had been demonstrated to us by Virchow were uncontrovertible and are susceptible of demonstration to day; the theories had to be modified as they had already been by other investigators.

Viewing all these things in a calm dispassionate light we are forced to the conclusion that, as we premised, the theories of to-day are in substance similar to those of days gone by. They may differ in kind and quality, owing to better means for the observation of facts. But, when we deal with that strange condition known as life we are still but little in advance of our forefathers; and, when we are concerned with those morbid processes classified under the vague term, disease, we are yet in our swaddling clothes. Assumptions are more boldly made and just as readily denied. Facts are brought forward which both support and overturn the same theory. In fact, we seem to be drifting back to the old periods of disputations our weapons being the microscope and laboratory where, formerly, logical and metaphysical forms were the sole armamentarium of the disputant.

We do not wish to disparage the work of our era, far from it. It has really led to the most useful as well as astonishing revelations which the human mind could conceive. It has also led science into some of the most flagrant errors which could be committed. It has demonstrated to us the value of facts, and the fallacy of theories. It has shown us furthermore the necessity of being close observers of phenomena and the further necessity of studying these closely and thoroughly before making any attempt at building a hypothesis to fit them. In the far-off future our descendents will no doubt smile at some of our theories in view of the added new light thrown by facts which they will have observed. That our facts will remain there can be no more doubt than that our theories will be supplanted by others more satisfactory to those for whom they will spring into existence.

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**Arkansas and the Cholera** are considered by the *Journal* of the Arkansas State Medical Society in no measured terms. Our cotemporary says: As usual in a threatened epidemic of any nature, the State of Arkansas, so far as organized resistance is concerned, is absolutely at the mercy of the pestilence. Year in and year out her physicians have urged the people's representatives to provide some kind of permanent defense against the invasion and spread of epidemics of pestilence arising within the State, or in danger of introduction from without her borders.

The history of these efforts prove that not only has medical advice been ignored by the Legislatures, but those who have in good faith proffered it have time and again been ridiculed by alleged statesmen who, having limited knowledge in general, knew absolutely nothing of the dangers and cost of disease, or the methods of preventing the spread of epidemics. Following the great danger to which the State was exposed from yellow fever in 1878-9, a bill was passed creating a State Board of Health, carrying with it an appropriation for two years. This appropriation was made under impulsion of the fear that the terrible scourge which had twice in as many years swept over a large portion of the South, would certainly reappear the third time and desolate our State. The fever did not come again, and no more appropriations for the State Board of Health have been made. Though there is little danger that cholera will visit our State to any alarming extent this year, there is the greatest apprehension that the terrible monster will cling to our continent by the slight contact it has already gained, and after resting from its long journey across the Atlantic, renew its campaign of death with the opening of spring. In the meantime the Legislature will meet, and all the resposibility of leaving the people exposed to the virulence of a cholera epi demic should be placed where it belongs, on the law makers. It is the duty of physicians to call the attention of the people to the danger that threatens, and the people should demand of their representatives adequate laws and appropriations to meet any emergency that is liable to arise.

**Abortion** is not looked upon with especial favor by the profession or by the medical journals of this country. Dr. Chas. H. Harris speaks of a special opera tion for abortion (N. Y. *Jour. Gyn. and Obst.*) which leads him him to open his article in the following startling manner:

"Dr. Jones, Specialist in Aborti n."—How would that look in a medical journal. Who would have the temerity, the hardihood, who would dare to place such an advertisement before the profession. Of course it would not do for the newspapers, nor yet for an office window. It would be something like "Samson the Executioner" and the dear doctor would be besieged by an array of beauty never yet lavished on canvass. And yet "The Specialist in Abortion" exists. He is no ideal drawn from the mystic realm of fiction, but an actuality, a real live man and a good one. He is the guardian of virtue and womanhood and above reproach. As a professor ably filling a chair in college he is perhaps well-known. As a specialist in abortion he is recognized only by a favored few, his satellites. Why don't he advertise, write and teach and give us the benefit of what he knows? Peradventure, a smiling competitor may wink the other eye and whisper "professional suspect." Strange paradox this that a good man should be shorn of his glory and shrink from a reputation in a legitimate field of practice at a period in medicine when specialism is adding so much to its growth and progress. More than the eye, the throat and nose, the uterus in the early months of gestation is a fit subject for the study of the specialist.

**A National Bacteriological Institute** is advocated by the *Internatioaal Journal of Surgery* which says, *inter alia*, that a central laboratory should be established by the Government equipped with all the modern appliances for the experimental study of contagia, with experiment stations, and with a staff large enough to cover the whole ground and paid well enough to secure the most efficient services. Finally, and above all, such an institution must be entirely free from the taint of politics. The Imperial "Gesundheitsamt," at Berlin, which is conducted by Professor Koch, may well serve as a model of what a modern civilized government should do in this direction. There are, to be sure, a number of laboratories either private or connected with the medical schools, but the workers there are almost invariably men who depend upon active practice or teaching for a livelihood, and who pursue bacteriological research as amateurs. The entire time and all the energies of the best men are requisite for this work. Only the Government can guarantee these conditions.

Only the Government has the force at hand to investigate contagious diseases; and on the Government, representing the entire community, the duty devolves. Systematic and careful work in the investigation of human and animal plagues; work done on the largest scale and with the facilities that only the Government can supply; this is far more important to the sixty millions of this community than petty trade and boundary disputes.—*Salus supremum jus!*

**Physicians' Incomes** are very small, as a rule. The Northwestern *Journal of Homeopathy* very aptly remarks that the public seem to be more than usually interested just now in the subjects of physicians' incomes, if we may judge from the various articles appearing in the secular press. The fact that a few physicians have of late dared to charge fees in special cases somewhat approaching those not unusually paid lawyers for a similar amount of service, though of a much less important and responsible character, the public are in arms over the extortionate character of a physician's charges. As a matter of fact, even though a few noted

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physicians may enjoy handsome incomes, the medical profession as a rule are poorly paid, their compensation being in no manner commensurate with the skill and labor involved, to say nothing of the years of expense and study in preparing for their chosen profession. The average physician leads a life of unremitting toil and dies a poor man, often leaving his family unprovided for. It is extremely seldom that a physician acquires a competency by his professional labor. Ordinarily, it will be found that judicious investments, rather than the income from his profession, is the source of wealth, if there be any.

**The "Deadly" Microbe** is a new one according to the *Practitioner and News* which says: A child tenderly brought up indoors stands a poor show when sent out to be exposed to the vicissitudes of the weather along with the hardy barefoot boy who has grown up amid all manner of exposure. Just so it may be in regard to the "deadly" microbe. If all our ancestors have been drinking a certain kind and quality of microbes with their water until the constitution of the race has become adapted to the surroundings, it is reasonable to conclude that all the harm they could do was done generations ago. It is the new microbe that is the dangerous one. All the old familiar ones might also become dangerous if we were kept away from them long enough for us to become unaccustomed to them. Might it not, then, be hurtful to have our water too clean, too free from microbes, unless we should continue to use it permanently in that condition?

**The Woman's Medical College,** of St. Louis, is one of the new medical institutions of the West. It is the first west of the Mississippi river, established exclusively for the medical education of women. This College, we are informed, embraces three dapartments, cognate in character, but differing widely in scope, viz., the education of women: 1. In the entire curriculum of medical study, requiring three years, and attendance on three entire courses of lectures. 2. Education in the practice of midwifery. 3. In the art and practice of nursing.

The College building, located at McRae and Grand Avenues, is admirably adapted for its purpose.

The faculty is composed of some of the best known physicians and surgeons of St. Louis, and of younger material, able and sufficient to impart to it great vigor vitality.

**The Dissecting Room** is looked upon as a very important feature in the life of the medical student by the *Medical Press*, which exclaims: Now comes the student's first ordeal, the dissecting room. For a young fellow who probably has never before seen a dead body it is rather a gruesome sight, but one to which he will get accustomed, especially when he begins to take an interest in his work; this he will soon do, especially if he avoid dissecting in an automatic manner; merely turning back the skin, looking at the muscles and learning off by heart their origins and insertions; let him constantly replace the skin and trace the course of the muscle outside, let him ask himself why they are attached at certain places, let him bring all his mechanical philosophy to bear in realizing how admirably they are placed, both for their individual and their combined actions, and how perfectly the joints they move are adapted to the various motions of the body; let him, in fact, constantly be asking himself questions, and if he cannot answer them himself he can always apply to the demonstrator. When he arrives at the higher dissections of the arteries, nerves, etc., he can still apply the same system; not merely to accept the fact of a certain part being in a certain position, but to reason out why it is so, for instance, taking the femoral artery, there is the fact that it leaves the front of the thigh and passes round to the popliteal space, but what reason did Nature have in making it take this course? Would not the answer be, because if it remained in front of the thigh it would constantly be exposed to injury. Such examples might be multiplied *ad infinitum*. Above all, let the student give great attention in the dissecting room to surface marks, to enable him to put his finger at once on the skin over any muscle, vessel, or nerve. By following out a system of reasoning with himself he will be quite surprised to find afterward how easily he will read up for examination, in fact, he will have asked himself all the questions he is likely to get instead of waiting for them to be propounded by the examiner.

**Medicine as a Profession** is not exactly what fond dreamers have imagined it to be. As the *Hospital Gazette* says: It is a somewhat lamentable fact that the idea formed by the medical student of what the everyday practice of medicine is like, are for the most part utterly erroneous. During his curriculum he sees only the interesting and purely scientific side of his calling. He classifies cases into two broad categories—the "interesting" and the "non-interesting," and but too often utterly ignores the fact that the symptoms which may be of no interest whatever to him are of the very highest interest to the patient. No medical student was ever yet known who would listen with patience to a dyspeptic old lady's long-winded recital of "flutterings," "sinkings," and the whole list of those anomalous sensations which are frequently the accompaniments of an excess of tea and an insufficiency of exercise.

The student absolutely forgets that his patients will pay him to listen to a recital of their woes, imaginary or real, and that a lack of ready sympathy may frequently result in the lack of many customers.

The writer of the present article was once informed by an elderly female patient that she was suffering from "a swelling and a puffiness of the bowels," and was promptly set down as an ignorant impostor, because he threw some doubt on the possibility of the existence of such an extraordinary pathological condition. Briefly, there is one vital point in the education of students to

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which lit le or no attention is paid, and that is the cultivation of a little sympathy towards the patients with whom they are brought into contact. Without an appearance, at least, of kindness, no man, however brilliant professionally, will ever become a popular or successful practitioner. A sound knowledge of our calling is what we should all aim at obtaining, but that knowledge will be of little avail to the owner in the pursuit of a livelihood if he does not possess, in addition, the gifts of tact, patience, and kindness. The man who finds it impossible to bear with the "fads" and "cranks" of crotchety patients would do well to renounce private practice forever, for his failure is most certainly assured. Such a man would be more likely to find congenial work in the army or navy. In the services, sympathy with patients is a quality which should rather be discouraged than otherwise, and, provided that the work is honestly and conscientiously performed, there is no necessity whatever for the display of anything resembling sentiment.

**The Code** is still harrassing some of our worthy cotemporaries. The New Albany *Medical Herald* is only half-hearted for a revision and wants it done on an elevated plane or else it cannot favor it. Of course, this will have quite a deterrent effect upon the wicked revisers. However, to quote the *Herald*:

At the last meeting of the American Medical Association the revision of the Code of Ethics was placed in the hands of a committee, and we earnestly hope that its members feel the importance of such a trust. We cannot help believing that this matter should be thoroughly discussed before the action of the committee. True, that when a question of this kind comes before a society there are always some ready to hush the matter. Their wepon is the cry of "we are here for scientific subjects." This is very good in matters of less importance, but a very cute trick of those who fight the Code underhanded to attempt to put it to sleep on fair ground. The matter has gone too far now. Physicians have violated its laws until they are afraid to meet it face to face, and, therefore, seek to smother it in the dark.

Although the Code suits us as it stands, if there can be a revision on the same elevated plane that will suit those who are willing to be governed, we would favor it very much. Then let the Code selected govern the State and local societies, giving them jurisdiction over their members, and let each society enforce its laws and exclude those who violate them. Then will we see the difference in the standing of those who do and those who do not abide by the elevating principles of the medical profession.

**The True Physician** is the ideal one, but it is difficult indeed to describe him. The following is the conception formed of him by the *Medical Brief*: The true physician is born, not made. The fact is self-evident. There are many thousand medical men in the world, but not one half of them are genuine physicians in this sense of the word.

The true physician possesses a certain innate power, which enables him to detect and recognize morbid conditions, with which no amount of medical education or training could imbue him. It is a peculiar, delicate, intuitive perception, intensely personal in its nature, and resembles the trailing instinct of the blood-hound in its unerring accuracy. The man who possesses this wonderful faculty, requires but little training to make him a skillful physician, while many of our most learned and famous medical men are, in a comparative sense, bungling blunderers.

But the true physician is, also, a continuous and laborious student, and does not disdain to profit from the progress of medical science in all schools. A strong love for freedom in all things, but particularly in his beloved profession, reigns in his breast, and a horror of rock-bound prejudices and narrow and dogmatic teachings animates all that he says and does. It is to this type of physicians that the medical profession owes its advancement and its salvation from quackery and empiricism. Single hearted and devoted to his calling, such a physician often becomes a martyr from the medical ostracism which he incurs by reason of the unlimited freedom which characterizes his teachings and his practice. But fortunate, indeed, is the locality able to obtain his services, for his success in practice often borders upon the marvelous, and his fame, though often merely local, is built upon a secure and lasting foundation.

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**Responsibility in Will-Making.**—In concluding a paper on this subject (*Jour. Am. Med. Ass'n*), Mr. Henry A. Chaney says: We would like, then, in the first place, with respect to insane delusions, a definition of them that shall not come out at the same hole it went in at.

We would like to know—and this is a bold query—whether, notwithstanding the law, spiritualism is not in fact an insane delusion; and if so, how potent it may be in the destruction of testamentary capacity.

We would like to know whether dementia, short of absolute idiocy, may amount to such complete and comprehensive unsoundness of mind as conclusively to invalidate a will whatever the character of its provisions. Indeed, can a person so demented have or express any will at all; and may not the will of any person less affected be valid?

We would like to know whether coma implies unsoundness of mind any more than sleep; and if not, how then can coma cut any figure in the invalidation of wills.

And we would like to know whether, in spite of the classical maxim, there is any such necessary connection between a sane mind and a healthy body that any enfeebled, disordered or diseased condition of the latter—short of delirium—implies as matter or fact or law a technically "unsound" condition of the former.

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**Benzoate of Soda in Therapeutics.**—Dr. Liegeois has written an exhaustive paper (*Med. Press and Circ.*) on the value of benzoate of soda in therapeutics; he considers this agent as of the greatest importance in the affections below named, provided that it is given in large doses. The pain, dysphagia, and inflammation of the pharynx in the common sore throat are favorably modified and cured in two or three days by the administration of one drachm in children and three drachms in adults of benzoate of soda daily. In diphtheria it is certainly of service either internally or in insufflation, but is not equal to applications of salicylic acid. In laryngitis and the ordinary acute bronchitis Mr. Liegeois considers it as a good expectorant when given at the onset; he prescribes it as follows:

℞ Sodæ benzoat., - - - - - ʒj.
Tinct. aconit. rad., - - - - ♏xx.
Aquæ lauro-cerasi, - - - - ʒj.
Syr. tolu.,
Syr. codein, - - - - - aa ʒij.
M.
Sig. To be taken in the twenty four hours.

Associated with tannin, benzoate of soda gives good results in Bright's disease if persevered in.

℞ Sodæ benzoat.,
Tannin, - - - - - aa ʒjss.
Ext. gentian, - - - - - q. s.
M.
Sig. Divide into 100 pills—six daily.

Given in small doses in uric acid gravel it transforms the insoluble urates into soluble hippurates, and thus eliminates it from the urine. As a cholagogue benzoate of soda occupies the first rank; he associated it with salicylate of soda and rhubarb.

℞ Sodæ benzoat.,
Sodæ salicylat.,
Pulv. rhei, - - - - - aa ʒj.
Pulv. nucis vomic., - - - gr.x.
M.
Sig. Divide into twenty powders—two daily.

**Fracture of Skull.**—Dr. Geo. W. Crile says (*Lancet-Clinic*) that in compound comminuted fractures of the skull with or without depression, immediate trephining should be resorted to; in compound fractures with depression, immediately trephine. In simple fracture of the skull without depression, if the violence has been direct, and applied upon a small area, the fissure well marked, and the calcareous elements of the bone well developed, in any case, I believe, in view of the slight danger of the operation and the high probability of spiculation of the internal table of the skull, trephining should be immediately done. After head injuries in which a diagnosis of fracture has not been made, and symptoms arise, the use of the trephine should be governed by the laws of cerebral localization and the urgency of the symptoms. In fractures of the frontal sinus, if there is free communication with the nasal cavity, gauze packing, healing by granulation from the bottom and sides of the wound, with perhaps a plastic operation later, is the safest course; in fractures of the frontal sinus in which there is no nasal communication, the entire cavity may be allowed to fill with blood clot and immediately closed according to the method of Schede.

On the question of returning bone to the skull after its removal, the sixth case has been to me a lesson in the physiology of bone. The piece of bone half an inch wide and an inch long, which has been discarded early in the operation on a very cold winter night in a cold room for about twenty minutes, then placed in a cool solution of 1:2000 of corrosive chloride of mercury for a few minutes, its angles cut to fit a new position, and finally replaced without accurately fitting, took on new life, and now maintains the continuity of the skull as if it had never been injured.

**Death from the Sting of a Bee.**—Several instances of death from the sting of a bee are on record. In an example of recent occurrence, for the facts of which we are indebted to Dr. Amos Sawyer, of Hillsboro, Illinois, the fatal result seems to have been due to an idiosyncrasy (N. Y. *Med. Jour.*). A woman, sixty years old, was stung on the head by a bumble-bee. She called to her husband to come to her assistance and started to the house, a few feet distant. When her husband reached her she was leaning against a bedstead and asked him to lay her on the bed, as she was unable to place herself on it. He did so and, as soon as possible, gave her a large dose of brandy, but in fifteen minutes from the time she was stung she was a corpse. It is added that when she was a young girl she almost lost her life from the sting of a honey-bee, and that twice during her later life she was stung on the hand, but the arm was ligated, and no serious results followed.

**Joint Disease in Hematophilia.**—The effusion of blood into the joints of persons with hemorrhagic diathesis is the subject of a paper in Volkmann's clinical lectures by Koenig, of Gottingen, in which he points out (*Lancet*) that the so-called bleeder's joint is due not merely to effusion of blood into the cavity, but to irritation and a peculiar form of inflammation which leads to a permanently diseased condition, with contraction, ankylosis, and other deformities. Three stages of the disease may be distinguished—the hemorrhagic, the inflammatory, and the retrogressive, the last producing conditions resembling those due to tuberculosis; the tendency to form abscesses and fistulæ which exists in tuberculosis is, however, entirely absent in hematophilia.

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As regards treatment, the less that is done the better. On no account should capital operations be attempted, their result being invariably disastrous; whereas, when absolute rest is maintained, and perhaps finally a simple puncture made into the joint, a successful result may sometimes be obtained.

**Duration of Treatment in Syphilis.**—Dr. Heilmann has noted the time required, under different methods of treatment, for the disappearance of the first symptoms in syphilis (*Med. Rec.*). He compared treatment by calomel injections, mercurial frictions, and mercury by the stomach, in 843 cases of recent syphilis without complications and without previous treatment, and found the mean duration of treatment was 49.8 days. The smallest mean duration was 41.4, furnished by subjects ranging from sixteen to twenty years of age. For those between twenty-one and thirty years the average duration was 47.5 days. Women required a longer treatment than men. The average of treatment by calomel injections was 46.6, by mercurial inunctions 51.1, and by mercury internally 56 6.

**Dangers of Gall-Stones.**—Dr. S. R. Morrow writes as follows on this subject (Albany *Med. Ann.*): The dangers and discomforts of this complaint are not ended by the passage of the gall-stones through the natural channels, however painfully accomplished. If some escape, others probably will remain behind. Hundreds may be found in the stools, but when hundreds, and even thousands remain—one case having been observed where 7,802 stones were counted—the capacities for mischief are indefinite. Although gall-stones sometimes remain in the gall bladder through life without causing trouble, yet they often ulcerate through in different directions. They become impacted at various points, one of the commonest and most dangerous being the duodenal end of the common duct. If ulceration takes place, we have a new set of dangers in the liability of peritonitis setting in, when the stone and bile escape into the peritoneal cavity. The irritation of the stone may cause inflammatory exudations and adhesions at the seat of impaction and a protecting envelope be thus thrown about it, from which fistulous tracts may form leading to the external surface or to some neighboring organ, thus permitting safe discharge in this direction. But the organ invaded may not tamely submit to its visitation, and when the lung, or vena cava, or kidney are opened into, as they have been, the serious possibilities of these cases become apparent. It is here that surgery steps in to remedy these most unpleasant conditions, but especially to prevent their occurrence by a safe and prompt evacuation of these troublesome companions through a short and speedy route to the open air.

**Injections of Ammonio-Citrate of Iron in Chlorosis.**—Dr Alvazzi, of Turin, has successfully treated chlorosis by means of injections of ammonio-citrate of iron (*Med. and Surg. Rep.*). For three months various preparations of iron had been given in considerable doses without benefit, and the patient had become so weak as to be unable to leave her bed. The red corpuscles, which were pale, averaged 4,000,000 per cubic millimetre, and there was slight leucocytosis. As the internal administration of iron had failed, it was determined to try injections of the ammonio-citrate according to the following formula:

℞ Ammonio citrate of iron, - gr. xvij.
Distilled water,
Laurel water, - - - aa ʒj‡.
M.

The injections were given with an ordinary Pravaz's syringe. One sixth of a grain of the salt was given once a day, the amount being gradually increased till on the ninth day it had reached two grains, still given in one injection. On the sixteenth day, no ill effects having been observed, two injections of two grains each were given each day, and after thirty days the patient was discharged cured. Two or three of the injections were given under the skin, but this having on each occassion caused severe pain, all the others were made into the substance of muscles. The injections were given with strict antiseptic precautions, and were always followed by somewhat vigorous and prolonged massage at the seat of injection. Pain seldom lasted long, and no abscesses or even swelling followed the injections, nor did the temperature rise. When discharged, the red corpuscles had recovered their natural color, and averaged 4,850,000 per cubic millimetre, and the proportion of white corpuscles was normal. The hemoglobin had risen from thirty five to over ninety-five, and the girl's weight increased from 72 to 84 pounds. Her appearance and general health had improved immensely.

**Hydatiform Mole.**—The following is a general outline of the treatment prescribed by Dr. George A. Cragin (Boston *Med. and Surg. Jour.*): When diagnosis cannot be made these cases must be treated on general principles, and it must often happen that nothing is done until hemorrhage, exhausting nausea and vomiting or convulsions indicate the immediate emptying of the uterus. When once the diagnosis is made the following points have important bearing on the treatment:

1. The patient is liable to repeated hemorrhages sufficient to cause grave general disturbances, and to sudden severe hemorrhage.

2. The closed rigid os is almost the rule even after severe hemorrhage.

3. The mole can be delivered without complete dilatation, and with no more loss of blood than is almost certain to follow later, when it may not be easy to interfere.

4. The uterus contracts well after being emptied, even when pains have not been present before dilatation was begun.

5. Uterine stimulants and tampons will generally have to be supplemented by the hand or curette.

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6. Tampons with delay increase the danger of infection.

7. Incomplete expulsion makes hemorrhage and sepsis liable.

8. The possibility of a thin uterine wall should be borne in mind when the curette, the hand in utero, or Crede's method of expression are used.

In the light of the above facts the proper course to be followed is clear. The uterus should be emptied as soon as possible. Just how to begin this, however, may be a question. To rely entirely upon tampons, colpeurynter and ergot would be poor practice. The process is slow and imperfect; hemorrhage and exhaustion greater. Yet in cases with rigid os and long dense cervix, undoubtedly the firm vaginal tampon is a most effective means of starting up pains, and getting a soft and dilatable os.

**The Lost Art of Mastication.**—Says Dr. Talbot (*Dental Cosmos*): All coarseness has been removed from food, and by the new processes made possible by mechanical as well as scientific discoveries, cereals are reduced to the finest of flour, while the hulls, which contain the phosphates essential to bone building and also furnish the material for mechanical grinding by the jaws, are entirely excluded. There seems to be a growing inclination on the part of the human race to use that class of food which requires little if any mastication. This evolution will eventually result in the adoption of new modes of acquiring and preparing food—viz., the manufacture of foods in the chemical laboratory. Indeed, at the present time, many forms of food comprising all the nutritive elements necessary to sustain life for the sick, are being prepared in the laboratory. If these foods prepared in a liquid form are sufficient for the nourishment of children and the sick, it seems reasonable to expect that they will soon become the exclusive food of the laboring class, and, indeed, of all classes. Such being the case, the art of mastication which is now at a very low ebb will then become entirely extinct.

**Early Pregnancy.**—Dr. L. Pitner Warrington writes as follows to the *Medical News*: Thinking the following case of sufficient interest to warrant publication, I forward you the accompanying report:

On the morning of August 16, I was called in haste to attend a case of confinement 5 miles in the country. Upon reaching the bedside I found that I was a "little too late." The mother had been delivered of her child. The youthfulness of the mother attracted my attention, I learned, upon inquiry, that she was not yet 14 years old. The history of the case revealed the fact that she was one of the number who had been unfortunate. The girl claims to have been assailed by some unknown person, and, in a helpless, unconscious condition, was ravished. As no information could be obtained by which the perpetrator of the deed could be identified, the child was born out of wedlock. The young mother began to menstruate when she was about 12½ years old; three months afterward she became pregnant, and at full term was delivered as related. The child was well nourished, and normally developed except for its feet, both of which were deformed, being of the talipes varus variety, and of marked severity.

**The Relations of the Bronchi to the Posterior Wall of the Thorax.**—Bianchi and Cocchi examined twenty-one bodies, with the following results (*Med. and Surg. Rep.*): They find that the trachea divides opposite the body of the fifth dorsal vertebra, and that its lower end is somewhat to the right of the middle line. They state that the right primary bronchus, which descends more obliquely than the left one, corresponds to the fifth intercostal space. The left primary one runs parallel to the sixth rib. The area occupied by the great and medium bronchial tubes extends vertically from the fourth intercostal space or the third rib, to the eighth space, and laterally to four or five centimetres from the line of the spinous processes.

**For Snake-Bite.**—Dr. B. F. Goodlett says (*Med News*): I have successfully employed the following mode of treatment in a number of cases of snake-bite. To the bitten place, by means of cloths, I apply the following every hour or two, or oftener if it seems necessary:

℞ Acid. salicylic,
Aquæ ammoniæ, - - - aa ℥ij.
M.

At the same time whisky and ammonia are given freely. As soon as the line of demarcation is formed an incision is made through the skin betwen the dead and living parts. The parts are then washed with corrosive sublimate, 1-1000, three or four times a day, and the bite is dressed with 5% carbolized oil, which is kept constantly applied.

**Secondary Contracture in Bell's Palsy.**—Dr. W. Evans has published a paper (*Jour. Nerv. and Ment. Dis.*) on some clinical features of Bell's palsy as illustrated by three cases. He points out that while it is generally possible to give a favorable prognosis in this trouble, unless there may be reasons for suspecting serious lesions of the nerves, there are cases which refuse to respond to treatment. After a few days the affected muscles begin to waste and to show the usual reactions of degeneration, After a time it will be noticed that the corner of the mouth is slightly drawn, and the palpebral fissure diminished in size on the paralyzed side—the phenomena of secondary contracture. His conclusions from a study of the three cases are that secondary contracture is not an infrequent sequel to Bell's palsy; that it may come on even after apparent recovery; and that it may exist and the patient still possess good use—in some cases, indeed, extraordinary use—of the affected muscles.

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**Treatment of Retroversion.**—According to the Berlin correspondent of the Montreal *Medical Journal*, Saenger's method is as follows: In the treatment of retroversions of the uterus in movable cases, after replacing the uterus a Hodge's pessary is introduced; if not satisfactory, a Thomas pessary is tried, keeping the patient, however, under observation for some time, as this form of pessary is apt to cause abrasions. In fixed cases, in which the uterus cannot be brought forward, owing to adhesions, an exact diagnosis must first be made under anesthesia, avoiding cases complicated with pyosalpingitis, or in which there is elevation of temperature. Under anesthesia, an attempt is made to break up adhesions and replace the uterus. If successful, the treatment is then continued by practising massage of the uterus at regular intervals, after the method introduced by Schultze. By this method I have seen cases completely cured of all their symptoms, and it is generally successful if the adhesions are of comparatively recent date. Should this method fail, the abdomen is then opened, the adhesions separated, and the uterus brought forward and kept in position by ventrofixation.

**Piperazine in Arthritis.**—We read in *Notes on New Remedies* that in a series of undoubtedly genuine cases of arthritis Dr. Volmer has also remarked the favorable action of piperazine, in the ordinary doses of 8 to 15 grains daily, on the general condition of the patients, and concurs in the statement that its administration is only followed by good effects. He moreover reports a case of renal colic, which, although considerably relieved by Karlsbad water, though the latter did not prevent a recurrence of the attacks even by continuous treatment, has been completely conquered by the piperazine treatment. The attacks of colic, followed by hematuria, which had previously occurred every second or third week, disappeared on the commencement of the administration of doses of 15 grains of phenocoll and 15 grains of piperazine daily, and have not returned during the eighteen months from that time.

**Action of Phenocoll on the Circulation.**—Drs. Coma and Carter conclude as follows (*Notes on New Remedies*):

1. Phenocoll, in ordinary amounts, has practically no effect upon the circulation.

2. Large doses diminish the blood-pressure by influencing the heart.

3. Phenocoll reduces the pulse-rate by stimulating the cardio inhibitory centers. It then increases the rapidity of the pulse by paralysing said centers. The final diminution is of cardiac origin.

4. Upon the blood itself phenocoll has no action.

**Cholera.**—Dr. J. H. McCollum writes (Boston *Med. and Surg. Jour.*) that from a study of the observations made in a recent epidemic in France, Dr. N. Mireur arrives at the following conclusions:

1. "Cholera is not transmitted directly from the sick to the well either by contact or through the respiratory passages.

2. "The products emanating from cholera patients, the dejections and vomited matters, contain a germ which is not immediately transmissible by itself, but which placed under favoring conditions, gives rise to a contagious principle.

3. "Clothing and merchandise, much more than individuals, are the agents for the transportation of this principle."

From a careful study of the different authorities on this subject the general opinion seems to be:

1. That cholera is mildly contagious.

2. That the principal, if not the only, way of infection is by the alimentary canal.

3. That the germs of the disease are carried only a short distance, if at all, through the air.

4. That the great danger of infection lies in the intestinal discharges, and in the vomitus.

5. That contamination of the water-supply, and of food, by these discharges is the chief source of danger.

6. That linen or woolen fabrics soiled by cholera discharges, if excluded from air and sunlight, serve to keep alive the germs of the disease for an indefinite period.

The history of the Swanton, on which cholera did not appear until she had been at sea twenty-seven days, when clothing was unpacked by the passengers, and also the history of the ship New York, on which the disease did not manifest itself until she had been sixteen days at sea, prove the truth of the last statement. If the foregoing conclusions are correct, it necessarily follows that in order to prevent the admission of the disease to a city, and effectually to stamp it out, the following measures must be adopted:

1. The proper isolation of all cases of the disease, mild and severe.

2. The disinfection of all discharges, from the patient, by chloride of lime, or carbolic acid as recommended by the International Committee of Experts at Rome in 1885.

3. The most careful supervision of the water supply and of food.

4. The rigid observance of all laws of hygiene in their widest sense.

5. The disinfection of all persons in whom there is the slightest suspicion of infection by suitable bathing, and of their effects by super-heated steam.

**Treatment of Compound Fractures.**—In a consideration of the modern methods employed in the treatment of this class of injuries (Boston *Med. and Surg. Jour.*), Dr. Herbert L. Barrell arrives at the following conclusions:

1. That every compound fracture of the thigh, leg, arm and forearm should be rendered scrupulously, surgically clean, and should be absolutely immobilized.

2. That this immobilization is conveniently attained

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by the light, circular, plaster of-Paris washed bandage.

3. That a plaster-of-Paris bandage should not be allowed to remain on a limb over a fortnight in the first month of treatment of a compound fracture, as backward bowing and lateral displacement can be avoided by this precaution.

4. That while pus, slough, necrosis or deformity may exceptionally occur, yet the rule is, union by first intention, and the early restoration of limbs to usefulness.

**Erysipelas.**—We read in an exchange that Talamon clearly shows that erysipelas is not, as usually accepted, a general infectious disease at the start, and that a specific microbe produces at first a local disease in the part where it is lodged. If the remainder of the system become affected ulteriorly, he asserts that this arises from the invasion and the mobilization of the microbes, or from the penetration of the absorbed toxines. He therefore sprays, by means of a hand atomizer, the local center, and particularly the face, with a 1:100 ethereal solution of corrosive sublimate,—of course with due precautions, and taking into account the thickness of the erysipelatous patches, their spread over the sound parts, and the depth of the cutaneous infiltration.

**Treatment of Infantile Spasmodic Hemiplegia.**—Dr. A. Retrouvey finds that (*Merck's Bulletin*) in the treatment of this affection, articular massage, by effecting the progressive removal of the osteo-arthritis and the pain which may result from it, diminishes the muscular contracture. At the first appearance of this disorder, as soon as the hemiplegia or hemiplegic paresis is observed, articular massage should be resorted to. If contractures supervene, they will quite certainly be less severe, and they may, perhaps, even stimulate the nutrition of the body, arrested in its development. But the latter point has been verified with patients in an advanced stage of the affection.

**Neuralgia of Testicle.**—According to Dr. G. Frank Lydston (*Jour. Am. Med. Ass'n*) neuralgia of the testicle is really an exaggeration of hyperesthesia, and has in addition to hypersensitiveness, paroxysms of shooting, cutting pain in the organ. The causes are much the same as for hyperesthesia, syphilis, gout and neuralgia having a prominent place in its etiology. Urethral stricture quite often, and prostatic and bladder disorders occasionally, cause it. The pain is much like that of renal colic, and is sometimes attended by retraction of the testis from spasm of the cremaster, and the sick, faint feeling and cold perspiration characteristic of shock. I believe that some cases are really due to irritation of the renal pelvis and ureter by sharp crystals in the urine, and this acting reflexly produces pain in the testis. Usually only one testis is involved. As a rule, the patient can walk about, but in the severe cases he is apt to be greatly prostrated, and in addition, he usually suffers from pain and soreness on movement.

**Pigmentation of the Skin Caused by Chrysarobin.**—It is known that when chrysarobin ointment is used in the treatment of psoriasis the affected parts of the skin appear white, whilst the surrounding healthy skin appears yellowish-red (*Ex.*). Compana examined portions of the skin microscopically and found that the pigmentation in the surrounding skin was caused by the deposit of numerous blackish-yellow particles of chrysarobin within and between the epithelial cells in the basic layer of the horny epidermis.

**Permanganate of Potassium in the Treatment of Diphtheria.**—Bown reports (*Ex.*) several cases of diphtheria in which most excellent results were obtained by the use of a solution of permanganate of potash of the strength of three grains to the ounce. Three or four applications an hour were made directly to the membrane with a large camel's-hair brush for eight or twelve hours. After this once every two to six hours is sufficient. In some cases a spray is a better method of application.

**Bacteriology in the Dairy.**—The brilliant results which have rewarded the studies of Hansen, in the making of beer from pure yeast cultures (Omaha *Clinic*), are being paralleled in the butter industry. Weigmann has found that the souring of cream which precedes butter making, may be caused by one of several species be lactic acid—producing bacteria; and that by using pure cultures of these germs to start the souring instead of leaving it to nature's chances, a definite quantity of butter can be produced by using a particular species. It has been ascertained that the best keeping butter is produced by one species while for a fine aroma another must be used. It remains to be seen whether the desirable combination of these qualities can be produced by a judicious mixture of the sorts.

**Factory Operatives and Child-Bearing.**—Dr. George Reid introduced to the British Medical Association the subject of legal restraint upon the employment of women in factories shortly before and after child-birth (*Med. Rec.*). The speaker had obtained an important series of statistics bearing on the subject. He had found that in districts where women were largely employed in factories, the infant death rate is greatly in excess of those where they are not so employed, in the proportion of 182 to 158. In those towns where women are most employed, the deaths of children under one year numbered 195 per 1,000, falling to 152 in those where practically no women worked in factories. In other words, twenty-eight per cent more infants die in one case than in the other. The fact that the mothers return to factory-work a month after confinement, and are thus prevented from suckling their children, explains this excessive mortality, and Dr. Reid suggested that they should be forbidden by the legislature to return to factory-work for three months, so as to give the children a start with the natural food.

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## San Francisco Letter.

Editor MEDICAL REVIEW.—By reason of the herculean labors of our Board of Health we feel safe from the invasion of cholera in San Francisco. Our enlightened Board has adopted the time-honored methods of the Chinese, and are repelling the foe with "noise" and "stink-pots." Six tons of chloride of lime have been distributed gratuitously under its auspices. Down every alley and along every narrow street have gone their wagons, and the odorous chloride has been given by the shovel full to all who asked, until the smell of the city ascendeth to Heaven, and any self-respecting cholera bacillus would put its tail over its olfactory apparatus and drown itself in the Pacific Ocean rather than attempt to raise a family in this neighborhood. The city is just as filthy as before; nine-tenths of the garbage is still dumped in an oozing marsh in the middle of our corporate limits—within 1,000 yards of the City Hall and the principal hotels, as the boomer writes, and no effort made by the Health Officer to control it, save to change the smell. The Board of Health having covered up the dirt and declared the city safe and clean, has sat down and composed a prescription consisting of capsicum, camphor and opium, and offered it freely to a confiding public, to be taken promptly on the first symptoms of diarrhea. It is not told how the people can secure the medicine, as it is a misdemeanor in this city for a druggist to sell any prescription containing opium without a prescription. We would suggest to that member of the Board who has been running the "neurotector" cure, that this official cholera-cure, well advertised, might be made to pay during the next few months.

The articles in the daily press of a few weeks ago have been productive of some improvements in the County Hospital. A visit this morning to the hospital showed the long corridor and nine wards with new floors and coats of paint. The plumbing and sewerage have been gone over and the institution is at present getting a new roof; and, best of all, discipline has been apparently re-established among the female nurses. Dr. Lefevre still holds the office of Superintendent, but probably he will soon be asked to resign. A resolution was passed by the Board of Health some time ago providing that the Superintendent of the Hospital be not allowed any outside practice, and as Dr. Lefevre has not complied with this, it was expected that he would be removed at the meeting of the Board last week, but we suppose the arduous duties of the Board of Health in its effort to prevent cholera, will paralyze its energy for some time.

There is a wide spread, but mild epidemic of diphtheria in the city at present; the improved sanitation(?) of the last two weeks does not appear to affect it favorably.

S. J. H.

## Brooklyn Letter.

Editor MEDICAL REVIEW.—The Public Health Section of the New York Academy of Medicine held a large and interesting meeting on the evening of Sep. 19, to discuss the subject of cholera, a large number of women being present. Dr. Henry D. Chapin presided.

Dr. S. T. Armstrong, among other things said: One of the fundamental duties of the State is to protect the lives and the health of all persons within its borders, and the quarantine is established for that purpose. If a quarantine can keep out the germs of infectious diseases, then a quarantine is certainly justifiable. The first established in this country was by Wm. Penn, for Pennsylvania. The second was established by Massachusetts, and New York came next. The doctor made a plea for a National Quarantine System, to apply to all States, and to be enforced by National Health Officers. He also instanced the action of Great Britain in ignoring the quarantine for contagious diseases, and quoted the eminent sanitarian, Sir Edwin Chadwick, who said we might as well quarantine against the east wind.

Dr. A. L. Carroll characterised the treatment of the Normannia's cabin passengers as a barbarism which has cast an indelible blot upon our civilization. We may eat cholera and drink cholera, but we can't catch cholara, said he. The danger of the spread of cholera lies chiefly in the soiled garments and dirty habits of the poor immigrants. There is no authenticated case of cholera germs having been spread through the medium of clean clothing or merchandise. Cholera can be and has been stamped out, and it was in twenty-four hours in 1873, when there was one death in the cabin and no further case on the steamer. To keep a large number of well passengers in enforced captivity on a quarantined vessel is contrary to all rules of humanity and common sense.

Dr. George M. Sternberg said that from the evidence of those who have made exhaustive investigations, no spirilla like the comma bacillus have been found in any other disease. It is found only in Asiatic cholera. Sunlight is a very potent disinfectant. Two days' exposure in the sunlight of ordinary articles of wearing apparrel will dispose of the spirillum.

Dr. J. H. Raymond said: Fumigation by sulphur dates back to the time of Homer, and since that time it has been used for cleansing purposes. Not until the development of scientific bacteriology was there any adequate test of the potency of disinfectants, and now the use of sulphur is superseded by more effective agents.

Dr. Stephen Smith urged the importance of watching for the appearance of premonitory symptoms of cholera, which are derangements of the bowels accompanied with painless diarrhea, and are easily curable if taken in time.

Dr. A. Jacobi suggested that every physician should be a missionary among his patients, teaching them how

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best to combat disease. All water for drinking purposes should be boiled, as well as that for washing the face. The hands should be washed before and after eating.

Dr. E. G. Janeway sent a letter urging that each doctor should constitute himself a committee to see that the sanitary laws were properly enforced.

Dr. E. K. Dunham displayed some individual cholera germs under the microscope. The interest was so great that it was a late hour before adjournment.

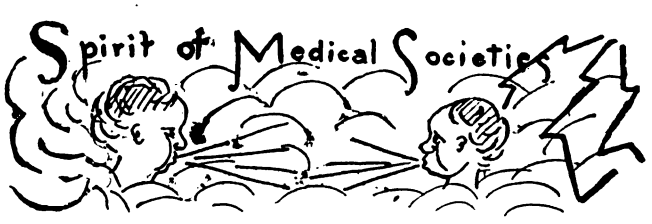
At a largely attended meeting of the Homeopathic Medical Society of the County of New York, held on the evening of Sept. 20. Dr. Emanuel Baruch read an exhaustive paper on "Bacteriology and Hygiene," in which he said that the vital force of the cholera germ is moisture, a fact which is usually overlooked or forgotten. Desication was one of the means of disinfection. The method pursued by the quarantine authorities of steaming goods he considered strange, since it was affirmed by so eminent an authority as Dr. Koch that there is not a case on record where mail matter or merchandise had disseminated cholera germs. The bettor way would be to dry them in great heat. He traced the progress which had been made in the science of bacteriology, by the aid of which cholera had become much less dangerous to the human race than ever before in its history.

The foregoing facts point with force to the efficiency of dry heat and sunshine in general sanitation. The excitement regarding cholera which has possessed our land during the last three weeks is now subsiding. Whatever may come to us another year, there seems little danger of its spreading further now. The occasion has shown much of the weakness of human nature. While excuse may be made for the unprepared condition of our quarantine, none should be for some of its methods. It is a fact that only exigencies like the present show the deficiencies of the system and permit of its enlargement to dimensions suitable to the vast amount of immigratson that pours into this harbor; therefore, temporary quarters were necessarily extemporised, such as Camp Low, on a barren spit of land well named Sandy Hook, and the purchase of a summer hotel at Fire Island, a strip of sand beach about five miles from the southern shore of Long Island.

The treatment of the unfortunate passengers has in some cases been of exceptional cruelty, particularly so were the medieval methods prevailing at quarantine, and the barbarous action of a few Long Islanders, who for twenty-four hours or more prevented the landing of five hundred cabin passengers—men, women and children in good health, and keeping them all that time cooped up in a small vessel with barely standing room.

Humanity was under a deep cloud at that time, and a stain was placed on the southern shore of Long Island that it will take a long time to obliterate. But right triumphed at last, and Governor Flower, by promptness and decision brought relief, and comes out of the affair with fresh honors.

CHAS. H. SHEPARD, M.D.




**Epithelioma.**—At the Vienna Gesellschaft, Eiselburg showed a case (*Ex.*) of a man, aged 58, who thirty-five years ago had a pustule on the parasternal line that was rubbed off, forming a sore. Twenty years ago it was about the size of two kreuzers, at the present time twice the area of the palm of the hand. The site is unusual. He related two others that had come under his notice, one on the deltoid, another on the upper part of the arm, after a burn he had had when seven years of age.

**Hysterectomy.**—Mr. Lawson Tait contributed to the Obstetrical Society of London (N. Y. *Jour. of Gyn. and Obst.*) notes of two cases of hysterectomy. The first patient was fifty-two years of age; had ceased to menstruate two years ago, and during the two months before Mr. Tait saw her the tumor had grown more rapidly. It reached up to the sternum, and pseudo-fluctuation was distinctly present. When the abdomen was opened the tumor was seen to be a myoma, and fluctuation was so distinct that a trocar was plunged in, and six pints of fluid removed. The tumor, (which weighed about five pounds) was clamped and removed. The patient made an uninterrupted recovery. The second case was that of a woman, aged forty-two, who had had three children, all the labors being normal. When thirty-seven years old she began to lose profusely, and then noticed a substance in the lower abdomen. A large multinodular myoma, reaching above the umbilicus, was found on admission, and the appendages were removed May 13, 1888. She reported herself July 26, 1890. Menstruation had not recurred, and she felt perfectly well. The tumor was found to have nearly disappeared. Later on metrorrhagia recurred; the uterus was explored for polypi, but none were found, and the endometrium was curetted, with temporary relief. The discharge came on again, and the tumor had again increased in size; so on October 12, 1891, hysterectomy was performed. The old multinodular myoma was hardly to be seen, but a large independent growth of a soft edematous character had grown to the size of the original tumor. The patient made an uninterrupted recovery. The case was a unique example of a soft myoma springing up after a multinodular one had been removed; and Mr. Tait considered that whilst the latter variety of myoma was a disease of menstrual life, the former was not so.

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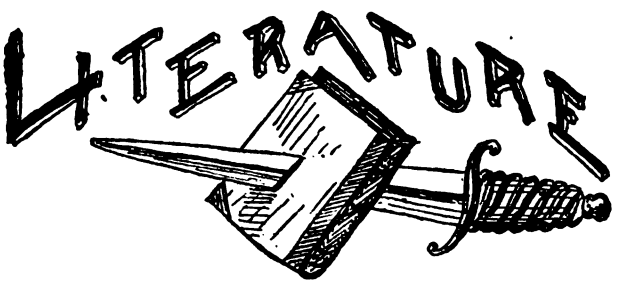


**A Practical Treatise on Diseases of the Skin.** By JOHN V. SHOEMALER, A.M., M.D. 8vo, pp. 877. Second Edition, Revised and Enlarged, with Chromogravure Plates and other Illustrations. [New York: D. Appleton and Company. 1892.

It is some four years since the first edition of this work appeared and the fact that a second one was called for, is certainly evidence of the popularity which it has attained. The present edition is certainly a great improvement over the first in every respect. Errors in the text have been corrected, a number of new additions made and the plates are a vast advance over those which appeared in the first edition.

The classification adopted by the author is a modification of Hebra's being essentially the same as that adopted by the American Dermatological Association. What we are unable to understand is that syphilis should be included in the inflammatory troubles and scrofuloderma in the neoplastic. So far as our own observations and examinations have permitted us to determine the one is no more inflammatory than the other, and syphilis is essentially a neoplastic process.

The work before us is very clearly written although the writer is apt to be diffuse at times. He gives us good descriptions of the various conditions with which he deals and devotes a great deal of attention to the therapeutices of his subject. In fact, this seems to be the point on which he lays the greatest stress. Even here we note some omissions of the later therapeutic measures which have been introduced by recent writers on dermatology. For instance, in alopecia areata the treatment by pure carbolic acid, as suggested by Bulkley, is omitted.

Yet omissions of this character cannot well be avoided. There is such a mass of material annually added that to include all in a work would make a veritable encyclopedia of it. In the present treatise a feature which will no doubt recommend it to many readers is the large formulary which is appended. The author gives us a quantity of prescriptions for the treatment of the various affections which occur upon the skin.

The eruptive fevers are fully considered and, on the other hand, Dariers' disease—psorospermosis—does not appear to be considered at all. The work done in this affection during the past few years has shown it to be sufficiently important to deserve careful consideration at the hands of an author.

The general make-up of this work is most excellent. The illustrations are excellent and the plates are a vast improvement upon those which appeared in the first edition. In the present they are chromogravures and whilst not numerous have been selected with care and discrimination. Taken altogether the work can be said to be excellent and a credit to the dermatological literature of America.

**Imperforate Hymen in a Child.**—Dr. Eliza J. Chapin Minard contributes the following to the New York *Medical Journal*: Anna M., aged four years, American, was brought to my clinic by her mother, who stated that there was something wrong with her little girl and wished an examination.

The child was a well-nourished, fat blonde, with a happy, childish face, and had no appearance of invalidism upon inspection. The mother said that she had discovered, while bathing it and powdering it for chafing, that there was "no front entrance" like her other baby girls', and she had taken a friend's advice and sought medical aid.

An examination of the genital organs, which were well formed, showed a complete closure of the vaginal entrance, and that this closure was due to a totally imperforate hymen.

The membrane was slit from before backward, after due aseptic measures, a dressing of iodoform cotton and a T-bandage were applied, and upon the third day the part was healed. There were remnants of the hymen upon the sides of the vaginal opening, and there was a healthy vagina which admitted a Peaslee sound of medium size.

I have also had these cases:

One where the opening was made after a menstrual period which allowed a flow of a pint of dark, bad-smelling fluid. The patient remained in bed twenty-four hours and made a rapid recovery.

Another, that of a young lady who had a scanty flow every month and was ill always during the time. Upon examining her, there was found a nearly completely imperforate hymen with two small holes on each side of the membrane which admitted a small uterine sound, through which the menstrual flow had drained for four years. The patient had a scanty menstrual habit, which had masked this deformity. Recovery took place without trouble.

**Hypophosphites of Lime and Soda.**—You can easily add to your popularity and usefulness by following the instructions given by the McArthur Hypophosphite Co., on title page of this issue. Their Syrup is a standard and reliable preparation. It is not a conglomerate mass of poly-pharmacy as some others in the market, but embodies the valuable therapeutical properties of the Hypophosphites of Lime and Soda, without objectionable ingredients.

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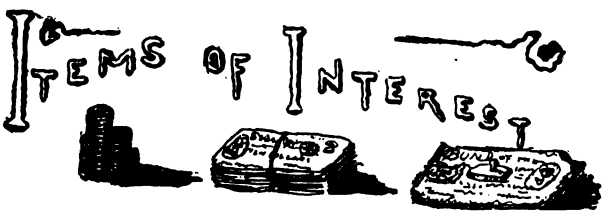


**The Cemeteries of London** cover 2,000 acres, and the land they occupy represent a total capital of £200,000.

**There are** only two objections to Christian science—one is that it is not Christian, and the other that it is not science.

**Dr. Henry F. Thomas,** of Alegan, Michegan, has been nominated to represent his district in Congress.

**Dr. John Avery,** of Greenville, Michigan, has been nominated to represent his district in Congress. Dr. Avery is well known to the profession of that State as President of the State Board of Health.

**New Journal.**—The first number of the Sheffield *Medical Journal*, described as "a quarterly review of the medical sciences for Yorkshire and adjoining counties," will appear this month. It will comprise original articles, clinical cases, and hospital records, abstracts and summaries of medical work at home and abroad, reviews and notices of books, and medical news.

**The Riberi Prize.**—The Royal Academy of Medicine of Rome, has announced a prize of $4,000 for the greatest discovery in anatomy, physiology, pathology, or pharmacology during the period from 1892–96. The essay descriptive of the discovery must be written in Italian, French or Latin, and must be handed in not later than Dec. 21, 1896.

**Blew Her Last Through a Trumpet.**—A young Italian girl was amusing herself with a small trumpet three centimetres long, when the instrument was drawn into the trachea; during three days each inspiration produced a sound which could be heard at a distance of 15 metres. Death in 23 days; at the autopsy the trumpet was found in the right bronchus.

**The American Dermatological Association,** at its annual meeting held in New London, Connecticut, September 13–15, 1892, elected the following officers: President, Dr. George Henry Fox, of New York; Vice-President, Dr. H. W. Stelwagon, of Philadelphia; Secretary and Treasurer, Dr. George Thomas Jackson, of New York; Member-at-Large of the Council, Dr. J. C. White, of Boston. The meeting adjourned to meet in Milwaukee on the first Tuesday of September, 1893.

**The Largest Lunatic Asylum** in England is the Lancashire County Asylum at Prestwich, where accommodations exist for 2,300 patients. The well known Middlesex Asylum at Colney Hatch has accommodation for 2,250 patients.

**Death from Tincture of Aconite.**—Dr. Drysdale, of Gorelochhead, Scotland, on Monday, Sept. 5, took by mistake one ounce of the tincture of aconite instead of some other tincture. Medical assistance was at once procured and every effort made to save him but without avail, and he died at midnight. Deceased only came to the locality a short time ago. He leaves a wife and family.

**A Congress on Children's Diseases.**—The Second Italian Congress of Pediatrics will be held at Naples this year, about the middle of October. The subjects down for discussion are: "Scrofula and Tuberculosis," to be introduced by Professors F. Fede and T. De Bonis; and "Hereditary Syphilis in Relation to the Sanitary Regulations at Present in Force," to be introduced by Drs. L. Concetti and A. Titomanlio.

**A Tape-Worm Trap.**—There is said to be on file in the Patent Office, at Washington, dated about 40 years ago, an application for a patent for a trap for the removal of tape-worms from the stomach and intestines, without employing medicine. The invention consists of a non-corrosive metallic trap, which is baited, attached to a string, and swallowed by the patient, after a fast of suitable duration, to make the worm hungry. The worm seizes the bait, and its head is caught in the trap, which is then withdrawn from the patient's stomach by the string, which has been left hanging from the mouth, dragging after it the whole length of the worm.

**Ratio of Physicians to Population.**—Dr. P. H. Millard, of Minnesota, in a paper recently read before the American Academy of Medicine, gave the following as the ratio of physicians to population in various parts of the world:

| | ONE TO |
|---|---|
| Sweden, | 7,000 |
| Italy, | 3,500 |
| Germany, | 3,000 |
| Austria-Hungary, | 2,400 |
| France, | 2,000 |
| United States, | 600 |

**Bonacossa Prize.**—The subject of the next Bonacossa Prize is "Epileptic Psychoses, their Etiology and Clinical Characters." Essays or published works (which must have seen the light subsequently to April 1, 1890) may be written in Italian, French, or Latin, and must be sent to the President of the Academy of Medicine of Turin on or before December 31, 1894. The prize is of the value of 2,950 lires ($390), and if it is awarded to a manuscript essay the money will not be paid till the author has presented a printed copy to the Academy.

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**The Alabama** *Medical and Surgical Age* has a photo-engraving in its September issue which embraces a few of the most prominent Alabama physicians.

**Dr. John F. Dunker** died at his home in Newark, N. J., September 15, at the age of 83. He was a native of Denmark, and began practice in Newark forty years ago.

**Dr. Reichert** has severed his editorial connection with the *Medical and Surgical Reporter* owing to the increasing pressure of other work. His successor has not yet been named.

**The Paris Academy of Medicine** wants a better home, and has asked the Government to give it the old Mont de Piete, in the rue Bonaparte, near the School of Fine Arts.

**Edward Cock,** J.P., F.R.C.S., the senior consulting surgeon to Guy's Hospital, died at his residence, Kingston-on-Thames, August 1, at the advanced age of 87. Born early in the century, and being the nephew of Sir Astley Cooper, whose first wife was Miss Cock, Mr. Cock entered upon his professional career so long since that he had an established reputation nearly 60 years ago.

**Original Keratosis.**—A curious Jewish tradition reports that Adam was entirely clothed in a hard, horny skin, and only lost it and became a subject to evil spirits on losing Paradise. The nails are the remnants of this dress, and whoever cuts them off and throws them away does himself an injury. An old Persian chronicle says that Eve also possessed this dress, and the nails were left to remind them of Paradise.

**The Indian Government** has recommended that Dr. Cunningham, Professor of Physiology in the Medical College, Calcutta, who has been for a considerable time engaged in an investigation as to the origin of cholera, with special reference to the comma bacillus theory, soould be allowed a further period of two years to complete his researches. We gather, however, that the Government has not thought fit to excuse him from the duties of his chair during that time.

**The Perils of the Keeley Practice.**—An American has recently been released from jail in Mexico (*Med. Rec.*) where he had been spending the past few months. He had been a sheriff in his native county, but set up in Mexico as a specialist for the cure of whisky, opium, and other habits. A Mexican opium-eater came to him for treatment, but unfortunately died after receiving a hypodermic injection by the "specialist." The latter was thereupon charged with murder, and his arrest followed. He has now gone home, and will run for sheriff again at the next election, for he thinks it is a safer business.

**The Grand River Medical Society,** of Missouri, will hold its seventeenth semi-annual meeting at Brookfield, Mo., the first Thursday and Friday in December next. Dr. C. O. Dewey, of Ludlow, Mo., is the Secretary.

**The Jews and Cholera.**—The Hebrew race is periodically reported to be exempt from the serious ills of humanity ranging from gonorrhea to cancer. It is now asserted that the Russian Jews have been "miraculously" spared in the epidemics of cholera in Russia, and at Hamburg. Unfortunately, the official statistics do not in the least bear this out.

**Disinfection of Diarrheal Discharges.**—To Physicians, Nurses, etc.: At a meeting of the Board of Health of the Health Department of the City of New York, held September 18, the following preamble and resolution were adopted:

WHEREAS, The presence of cholera in this city and its relation to diarrheal diseases makes it extremely important that all diarrheal discharges be at once disinfected, as many cases of cholera take the form of mild diarrhea, but the discharges in those cases are as dangerous as from the severer types of the disease; therefore

*Resolved*, That physicians and nurses are respectfully requested to see that this recommendation is promptly carried out, as in this way the great danger of spreading infection from unsuspected cases of cholera will be greatly lessened.

By order of the Board of Health, Charles G. Wilson, President; Emmons Clark, Secretary.

**The Water Supply of the Paris Suburbs.**—The first case of cholera, cholerine, or cholera nostras which occurred in Paris this summer appeared in the Asylum of Nanterre (*Ex.*). The water for this institution comes from Suresnes, on the Seine, a point at which the river has already received the contents of fifty-two sewers. A man, described as a confirmed drunkard, had just been admitted when he was taken ill and died, apparently from cholera. The authorities were not able or in any case failed to obtain any information as to his antecedents. Nanterre is a prison and also a sort of an asylum for vagabonds. When the epidemic assumed a serious aspect, the number of inmates was reduced from about 4,000 to 3,000. Soon other cases occurred in the neighboring districts of Suresnes, Puteaux, and St. Denis. The Seine water from the Suresnes intake was found to contain, after filtration, 37,000 bacteria to the cubic centimetre, but the specific bacilli of cholera and typhoid fever were not discovered. If the course of the Seine be followed to the water-intake at Marly, which is close to St. Germain, it will be found that the river has received at this point the contents of 108 sewers, including the main drains and two thirds of the Paris sewage.

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**Dr. Augustus L. East** died August 21, 1892, at his residence in East Baton Rouge parish, La., aged 53 years.

**The Northwestern Journal of Homeopathy,** published in Chicago, has been purchased by Dr. A. C. Cowperthwaite who will also act as editor.

**Dr. Samuel McGaughey** was born in Franklin County, Indiana, July 22, 1828, and died at his resi dence in Acton, Indiana, August 20, 1892, at 10 o'clock P. M., in his sixty-fifty year. Dr. McGaughey received his general education in the common schools.

**A Druggist** should be full of resources to meet emergencies, and that the average Arkansas pill-roller is always so equipped, the following will testify: A physician handed one of them a prescription that, among other things, called for spts. vini galici. q. s. to make six fl. ounces. The druggist not having the article on hand, made it by adding gallic acid to sherry wine.

**It is Reported** that the Kansas City College (hom.) is in the midst of an internecine war that threat ens its destruction. That is a process that nearly all new colleges have to pass through—a period of denti tion. If they live through it, all right, they may prove a useful institution, if not,—well, perhaps all the bet ter for homeopathy. We have too many colleges—"one horse" colleges, anyway, says the Northwestern *Journal of Homeopathy.*

**Dr. David Stainrock Booth** died at Belleville, Ill., September 10, last, after an illness of ten days, aged sixty-four years. Dr. Booth had practiced at Sparta, Ill., up to within three years ago when he moved to Belleville. He was born June 30, 1828, in Philadelphia. His father was Dr. John J. Booth, a prominent physi cian, who apprenticed his son to a pharmacist after he had graduated from the high school of his native city. In 1846, Dr. John J. Booth removed to Fredericktown, Mo., where, on January 27, 1850, Dr. David Both mar ried Miss Cynthia Grounds who survives him. The fruits of this union were one son—Dr. David S. Booth, Jr., of St. Louis—and three daughters.

In 1859, Dr. Booth continued the study of medicine graduating from the St. Louis Medical College in 1860. The war occurring shortly afterward he was assigned to duty on the Queen of the West, was captured by the Confederates, exchanged, and created chief surgeon of the general and post hospitals at Springfield, Mo. After the close of the war he removed to Sparta, Ill., where he enjoyed a lucrative practice and the confidence of the community. Dr. Booth was a general favorite with all his friends. He was remarkably alert for a man of his years and was quite a prolific contributor to medical literature. Whilst he did a general practice, he had marked capabilities in the line of surgery and was skill-ful in this particular branch.

**Insanity of an Asylum Superintendent.**—A correspondent of a Vienna paper says that one morning the Medical Superintendent of a large lunatic asalum requested an attendant to hand him a pair of scissors. He noticed something unusual in the appear ance of his chief and drew the attention of one of the physicians to the circumstance The latter was some what surprised when the Superintendent announced that it was his intention to open the skulls of some of his patients in order to ascertain the exact condition of their cerebral development. No time was lost in putting a limit to the scientific aspirations of the gentleman.

**Malpractice Suit Ended.**—The malpractic suit against Dr. Eastman, of Indianapolis, has been dismissed at cost of plaintiffs. The plea was cutting a ureter by careless operating (Indiana *Medical Journal*). The facts were that the ureters were both intact after the operation, as demonstrated to physicians present; that the patient improved greatly in health and had no trouble for some months. The return of the disease, cancer, finally destroyed part of one ureter and com pletely obstructed the other, so that the patient finally died of uremia fourteen months after the operation. The suit seems to have been brought by a firm of de signing attorneys who hoped to share the usufruct; but after the death of one partner the other saw the hope lessness of the case and had it dismissed as stated above. Thus ends in failure another attempt at blackmail.

**Curiosities of Tinned Fruits.**—A correspon dent of the *Lancet* has submitted to it for examination a living creature which he states was obtained from the inside of a tinned pineapple. The fruit had been boiled at Singapore previously to tinning it and was then im ported to this country. On the tin being opened our correspondent was somewhat surprised to find a living insect, of strange and unknown appearance, inhabiting the inside of the pineapple. On examining the insect we found it to be the larva of some beetle the species of which could not be accurately ascertained; consequently it was impossible to say with certainty whether its natural food was vegetable or animal material. It is quite pos sible, however, that the statement of our corresoondent regarding the cooking of the pineapple may be correct; for the fruit might have been imperfectly or incomplete ly cooked. In that case the temperature of the interior might never have reached so high a degree as to cause coagulation of the living tissues or of the structure of the egg or larva. The power of many insects and mites to resist both high temperatures and the action of many poisons is well known and exceedingly remarkable. Thus the seed of the nux vomica, deadly to most ani mals, forms the appropriate food of certain beetles. Goats, again, are well known to have no special aver sion to hyoscyamus as an article of diet. There is of course always the possibility of error of observation and of the introduction of the insect after the fruit has undergone the process of preservation.

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**Dr. P. A. Wilhite,** a member of the Florida State Board of Health, died recently, aged 71 years.

**Dr. Peter Brice,** Superintendent of the Alabama Hospital for the Insane, died in Birmingham, Ala., August 14, 1892.

**Moukhtar** *effendi*, Secretary-General of the medical administration of the Medical School of Constantinople, recently died of a neglected suppurating otitis.

**The Imperial School of Medicine of Turkey** is to be rebuilt upon the site which it occupies at present, the project of building it in another quarter having been abandoned.

**The Turkish Government,** as is well known, has prohibited the entrance of remedies whose composition is unknown. The merchants who deal in these goods recently petitioned the government to abrogate this law but their request was not granted.

**No Less** than six Chinese storekeepers in one country town in Australia, hold a license from the Board of Pharmacy to sell opium, much to the disgust of the executive officers of the Society for the Suppression of the Opium Traffic, who are moving in the matter.

**The American Microscopical Society** has issued a special circular concerning its fifteenth annual meeting which was recently held at Rochester, N. Y. This circular contains a brief account of the proceedings and all other such matter as may prove of interest to those members who were unavoidably absent from the meeting. The idea is certainly a good one and deserving of imitation as it is a good method whereby members will not lose interest in the society.

**Curious Prescriptions for Cholera.**—In 1832 an ingenious American physician proposed to check the diarrhea by plugging the anus with a soft velvet cork. An English physician, even more ingenious, proposed to keep the blood circulating by putting the patient on his back on a board, and see-sawing him up and down at the rate of 80 to 100 times a minute. Another physician advised bleeding, turpentine, and cool drinks; still another thinks the disease one of the spinal cord and sympathetic, and plasters the back with ice-bags.

**A Blessing in Disguise.**—According to the *Hospital Gazette*, whatever injury the cholera scare may have done to our trade and commerce it has in one respect been a real blessing, in that it has put a stop to the immigration of filthy and destitute aliens. Thousands of these wretched creatures have for months past been brought to our shores, and have increased the difficulties of our own poor in the struggle for existence. Thus the fear of cholera has effected what the common sense of our legislators should have accomplished long ago.

**The Middlesex Hospital.**—At the recent quarterly court of this hospital it was announced that the new children's ward is complete and that the £1000 promised by the executor of the late Mrs. Holmes, to meet the cost of the addition, has been received.

**Interstate Quarantine Law.**—The following is the interstate quarantine law which is in force at present. It was approved March 27, 1890.

An act to prevent the introduction of contagious diseases from one State to another, and for the punishment of certain offenses.

Be it enacted, etc., That whenever it shall be made to appear to the satisfaction of the President that the cholera, yellow fever, small-pox, or plague exists in any State or Territory, or in the District of Columbia, and that there is danger of the spread of such disease into other States, Territories, or the District of Columbia, he is hereby authorized to cause the Secretary of the Treasury to promulgate such rules and regulations as in his judgment may be necessary to prevent the spread of such disease from one State or Territory into another, or from any State or Territory into the District of Columbia, or from the District of Columbia into any State or Territory, and to employ such inspectors and other persons as may be necessary to execute such regulations and prevent the spread of such disease.

The said rules and regulations shall be prepared by the Supervising Surgeon-General of the Marine-Hospital Service under the direction of the Secretary of the Treasury.

And any person who shall willfully violate any rule or regulation so made and promulgated shall be deemed guilty of a misdemeanor, and upon conviction shall be punished by a fine of not more than $500, or imprisonment for not more than two years, or both, in the discretion of the court.

SEC. 2. That any officer, or person acting as an officer or agent of the United States at any quarantine station, or other person employed to aid in preventing the spread of such disease, who shall willfully violate any of the quarantine laws of the United States, or any of the rules and regulations made and promulgated by the Secretary of the Treasury as provided for in section one of this act, or any lawful order of his superior officer or officers, shall be deemed guilty of a misdemeanor, and upon conviction shall be punished by a fine of not more than $300, or imprisonment for not more than one year, or both in the discretion of the court.

SEC. 3. That when any common carrier or officer, agent, or employe of any common carrier shall willfully violate any of the quarantine laws of the United States, or the rules and regulations made and promulgated as provided for in section one of this act, such common carrier, officer, agent, or employe, shall be deemed guilty of a misdemeanor, and shall, on conviction, be punished by a fine of not more than $500, or imprisonment for not more than two years, or both, in the discretion of the court.

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**Dr. Hobart A. Hare,** of Philadelphia, has undertaken a research into the action of chloroform, on behalf of H. H. the Nizam of Hyderabad's Government.

**Dr. George Grove,** one of the oldest and best known physicians in the Cumberland Valley, died at his home in Springfield, Pa., recently. His death is attributed to an enfeebled condition arising from advanced years. Dr. Grove was eighty-two years old.

**Dr. Robert B. Folger,** a well-known Masonic historian, died at his residence in Brooklyn, on the 13th inst., in the ninetieth year of his age. He was the oldest Scottish Rite Mason in the United States and perhaps in the world, having received the thirty-third degree in 1824. He practiced medicine in New York for many years.

**Man Born of Woman** is of much bowels and no teeth (*Med. and Surg. Rec.*). As for his teeth he has convulsions when he cuts them, and as for his bowels he has convulsions when they cut him. Furthermore, the more of his teeth he cuts the more his bowels cut him. But as if it were not enough that during the process of such cutting his bowels should be twisted into knots, even as he is cutting his last tooth the dentist is twisting at the first; and, lo! the last end of a man's belly and of his jaw is worse than the first; for of the former it is full of indigestion and pills, and of the latter it is full of porcelain and roof-plate, built to hold black-berry seeds. Now behold, he curseth the day of his birth and prayeth for the day of his deliverence.

**Mississippi Valley Medical Association.**—The following is the list of papers to be read before the meeting to be held in Cincinnati, October 12, 13 and 14:

Hare, Hobart Amory, Philadelphia: An Address in Medicine.

Zenner, Philip, Cincinnati: Appliances Used in the Treatment of Nervous Diseases.

Hoppe, Herman H., Cincinnati: Syphilis of the Central Nervous System.

Jones, A. M., Eaton, Ohio: The Use of Hypnotics

Kenner, Robt. C.: The Abuse of Purgatives.

McGahun, C. F., Chattanooga: Pulmonary Phthisis—Its Curability and Treatment.

Barr, A. D., Calamine, Ark.: An Experimental Investigation of the Mode by which Acetanilid Reduces Animal Heat.

Church, Archibald, Chicago: Early Diagnosis and Treatment of Acute Anterior Poliomyelitis.

Kennedy, T. C., Shelbyville, Ind.: Hydrocephalus.

Hughes, C. H., St. Louis: Morbid Erotism, also Note on Nervous Disturbances after Removal and Atrophy of Testicle.

Moyer, H. N., Chicago: Traumatic Neurosis, with Special Reference to Spinal Concussion, So-called.

Eichberg, Joseph, Cincinnati: Experiments with Modified Tuberculin (cases).

Thorner, Max, Cincinnati: Tubercular Laryngitis.

Carpenter, J. G., Standford, Ky.: The Relation or Coincidence of Diseases of the Upper Air-Passages.

Purdon, J. Fulton, Louisville: Typhoid Fever—Its Etiology, Pathology and Treatment.

Kiernan, Jas. G., Chicago: The Secondary Paranoias—Their Relation to the Congenital Type and the Psychoses Produced in Acute Diseases.

Lash, H. M., Indianapolis: A Plea for Deeper Research into the Pathology of the So-called Functional Neuroses.

Myers, John D., Huntington, W. Va.: Liver Indigestion.

Love, I. N., St. Louis: Some Clinical Recollections of Cholera and Its Treatment.

The subject of Cholera will be discussed by Drs. J. T. Whittaker, Cincinnati; J. Berrien Lindsay, Nashville, and others.

Tingley, W. S., Newport, Ky.: Migraine.

Kimmel, J. A., Findlay, Ohio: An Historical Account and Personal Experience.

Kinsman, D. N., Columbus, Ohio: Cellular Pathology.

Dabney, S. G., Louisville: Headaches of Ocular Origin.

Potter, Theodore, Indianapolis: Foreign Bodies in the Bronchi, with report of a case.

Lerch, C. A., Wooster, Ohio: Neurasthenia, with history of a case.

Taylor, H. Longstreet, Asheville, N. C.: The Shurley-Gibbes Treatment of Tuberculosis.

Comegys, C. G., Cincinnati: The Doctor in the Cabinet.

Brumbaugh, S., Dayton, Ohio: Dyspepsia—Its Pathology and Treatment (cases).

McGuire, Hunter, Richmond, Va.: An Address on Surgery.

Lydston, G. Frank, Chicago: Remarks on Hypertrophy and Ulceration of the Female Genitals, with illustrations.

Dowling, Francis, Cincinnati: The Effects of Tobacco on the Vision.

Underwood, E. C., Louisville: Syphilitic Iritis.

Zinke, Gustav, Cincinnati: Object Lessons in Obstetrics.

Ohmann-Dumesnil, A. H., St. Louis: Plica Polonica—An Inquiry into Its Etiology, with presentation of specimens.

Thornbury, F. J., Buffalo: Demonstrations of Sterilizers—A New Combination Apparatus for Asepticizing Simultaneously, Water, Instruments, Dressings, etc.

Ayres, S. C, Cincinnati: The Prevention of Blindness by the Stamping Out of Ophthalmia Neonatorum.

Loeb, H. W., St. Louis: A Case of Reflex Aphonia, Demonstrated to be due to Pressure of the Middle Turbinated upon the Septum Nasi.

Lewis, Bransford, St. Louis: A Materialistic View of Sexual Impotence and Allied Affections.

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Ridlon, John, Chicago: The Principle for the Treatment of Chronic Joint Disease.

North, John, Toledo, Ohio: What is the Cause of Diphtheria? It is a Local or Constitutional Disease? Its Prevention and Treatment.

Ryan, G. W., Cincinnati: Management of Rachitic Deformities.

Walker, Edwin, Evansville, Ind.: Treatment of Carbuncles by Excision.

Wyman, Hal C., Detroit: Cholecystotomy.

Hulbert, Geo. F., St. Louis: Conservation of Energy in Parturition.

Thrasher, A. B., Cincinnati: Supra Orbital Neuralgia of Intra Nasal Origin.

Humiston, W. H., Cleveland: The Surgical Treatment of Chronic Endometritis.

Silver, D. R., Sidney, Ohio: Abnormal Refraction and Muscular Insufficiency—Eye Cases in General Practice.

Norbury, Frank P., Jacksonville, Ill.: Wounds of the Brain and Their Results.

Reynolds, Dudley S., Louisville: Asthenopia Melancholia.

Westmoreland, Willis F., Atlanta, Ga.. Tracheotomy for Foreign Bodies in the Wind Pipe (cases).

Suiter, A. Walter, Herkimer, N. Y.: Clinical Experience Illustrating the Value of Conservatism as to the Surgical Treatment of Appendicitis.

Murphy, J. B., Chicago: A New Method of Intestinal Anastomosis, and End to End Approximation without Suture.

Merz, Charles H., Sandusky, Ohio: An Estimate of the Value of the Peroxide of Hydrogen in the Treatment of Some Special Forms of Disease in Surgical Cases.

Scott, Matthew T., Lexington, Ky.: Septicemia Neonatorum, report of a case.

Cheatham, W. Louisville: The effect of Weak Eye Muscles upon the General Condition.

Sutton, R. S. Pittsburgh: Simplicity of Technique an Element of Success in Surgery.

Thomas, Homer, Chicago: Nasal Catarrh.

Hoover, Thomas S., Columbus, Ohio: A Case of Chylous Cyst of the Mesentery.

Straus, Leon, St. Louis: Some Unrecognized Diseases of the Rectum—Their Diagnosis and Treatment.

Hall, R. B., Cincinnati: Abdominal Hysterectomy Without a Pedicle.

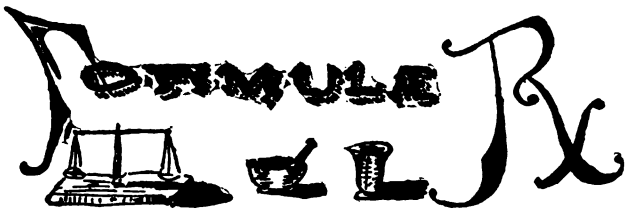
Dewees, Wm. B., Salina, Kas.: Present Status of Medical Aid to Relieve Women in Labor.

Roe, John O., Rochester, N. Y.: The Dangers Attending the Retention of Foreign Bodies of the Esophagus.

Willien, L. J., Terre Haute, Ind.: Cholecystotomy, with report of cases.

Vance, A. Morgan, Louisville: The Present Status of Corrosive Sublimate in Surgery.

Ransohoff, Joseph, Cincinnati: Sarcoma of the Chest Wall, with presentation of patient.




## Cholera.

1. Aitken's Pill—in the stage of inception—(*Times and Register*):

℞ Pulv. opii, - - - - gr. xij.
Camphoræ, - - - gr. xxx.
Pulv. capsici, - - - gr. ix
Alcohol,
Conserv. rosæ, - - - - aa q.s.
M. et in pil. No. xij div.

The dose of opium is to be repeated if another loose stool occurs.

2. Macnamara's Acid Solution—second stage, with profuse stools—(*Times and Register*):

℞ Acid. sulphuric. dil.,
Acid. acetic. dil., - - - aa ♏xv.
Acid. carbolici, - - - - gtt. ss.
Aquæ, - - - - - - ℥jss.
M.

Sig. Give every half hour for four hours, then every hour, adding opium to the first and second dose, if advisable.

**Treatment of Cholera.**—The famous elixir of Voronej, widely used in Russia, is composed of the following ingredients (*Med. Rec.*):

℞ Ammon. muriat., - - - - ℥x
Olei naphthæ, - - - - ℥vj.
Olei caryophilli, - - - - ℥x.
Acid nitric, - - - - ℥vj.
Potas. nitrat.,
Turkey pepper, - - - aa ℥jss.
Menth. virid., - - - - ℥viij.
Aceti, - - - - - Oj.
Spirit. vini gallici, - - - Oiv.
M.

**Diarrhea.**—Dr. H. A. Hare gave the class the following prescription for acute diarrhea:

℞ Acid. sulphuric. dilut., - - - ℥j.
Ext. hematoxyli fluid., - - ℥j.
Tinct. opii camphoratæ, - - ℥ss.
Syrup. zingiberis, - - ad. ℥iij.
M.

Sig. Dessertspoonful every hour.

For Serous Diarrhea the following pill is a very good astringent remedy (*Coll. and Clin. Rec.*):

℞ Pulv. opii, - - - - - gr. j.
Plumbi acetat., - - - gr. ij.
Camphoræ, - - - - gr. j.
M.

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**"Though Lost to Sight, to Memory Dear."**—A boil on the back of one's neck.

**God** bless the city doctor fair,
In all he has to do;
And God have mercy on the souls
Of all his patients, too.

**It Takes Cross Questioning** of a leading character to bring out the truth. How often we observe that a man don't know he is sick till he reads the probing inquiries of the patent medicine advertisement.

**Blood Purifier.**—Hicks.—I may be a plebeian in this world, but in the next I hope to be a pure blood patrician.

Mrs. H.—I don't know why you shouldn't; sulphur is beneficial.

**Very Cute Little Dodge** of that druggist, selling me that porous plaster with the privilege of returning it if it did no good.

Well, why don't you return it?

I can't get it off.

**Henery?**—W'y, Henery died 'mos' a yeah ago, wid a kyarbuncle.

My! It's awful how many gits killed on dem kyars nowaday', wid de bilers busting an' a gittin' scrunched 'tween de kyar-buncles.

**Unsophisticated Parent.**—Hello there, nurse, what's the baby yelling that way for? I can't read at all.

He's cutting his teeth, sir.

Well, see that he doesn't do it any more, or you lose your place.

**Is this** place healthy?

Healthy? The air would bring a dead man to life.

That being so, how do you account for the great array of grave stones up in this country?

Them? Oh, them's to keep the corpses what's buried there from comin' up and over-populatin' the town.

**Hard Luck.**—Penn Syll has had hard luck with his newspaper, hasn't he?

How so?

Well, he named it the *Contagion*, so everybody would take it.

Didn't they?

No, they shunned it and called it the Disease.

**The Surgeons** of the Pennsylvania Railway will hold their annual meeting at Fort Wayne this month.

**The Dwindling List** of narrow-gauge railroads in this country has again been decreased by the widening to standard-gauge of the East Line & Red River Railroad in Texas. For some years this little road has consisted of both broad- and narrow-gauge, having 32 miles of track of standard width and 121 miles of 3-feet gauge, but a few hours' work the other day sufficed to widen the narrow track and retire from service the rolling stock which was devised in the days not so long ago, when the narrow-gauge was rapidly growing in mileage, and a great trunk line system was in contemplation.

**The Second Annual Meeting** of the New York State Railway Surgeons will be held in New York City on Monday, Nov. 14, at which time Dr. W. B. Outten, Chief Surgeon of the Missouri Pacific Railway, will read a paper on "Transportation of the Wounded on Railways." The discussion on Dr. Outten's paper will be opened by Dr. W. J. Galbraith, Chief Surgeon of the Union Pacific Railway Company, of Omaha. We congratulate Dr. Chaffee, of Brooklyn, on his energy in working up the interest in railway surgery in the State of New York, and can guarantee to the Association a successful meeting.

**The Big Four Route,** which is the popular name of the Cleveland, Cincinnati, Chicago and St. Louis Railway, proposes to make rates for the coming meeting of the Mississippi Valley Medical Association at Cincinnati, October 12, 13 and 14, which will simply be "out of sight." This route is so well known as to require no commendation at our hands. That it possesses the best facilities is shown by the following schedule:

| READ UP. | | | READ DOWN. | |
|---|---|---|---|---|
| 17 | 7 | | 12 | 18 |
| DAILY | DAILY | | DAILY | DAILY |
| 7.15 pm. | 7.35 am. | Ar. St. Louis | Lv. 7.55 pm. | 8.05 am. |
| 1.58 pm. | 1.41 am. | Ar. Terre Haute | Lv. 1.22 am. | 12.56 pm. |
| 12.05 pm. | 11.45 pm. | Ar. Indianapolis | Lv. 3.45 am | 3.00 pm. |
| 8.30 am. | 7.55 pm. | Lv. Cincinnati | Ar. 7.10 am. | 6.00 pm. |

Night trains Nos. 12 and 7 carry through Pullman and Wagner sleeping cars in addition to elegant high-back seat coaches, and run through solid between St. Louis and Cincinnati; and if the delegation from St. Louis should select the train, No. 18, "Southwestern Limited," leaving St. Louis at 8.05 a.m., suitable accommodations to run through without change will be provided.

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# MEDICAL REVIEW.

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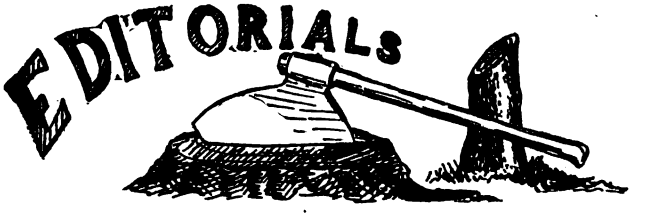


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## State Medical Laws.

We have been impressed more than once with the peculiarities which are apt to become attached to certain conditions. Whilst we believe in the right of each State to govern itself in certain matters, there seem to be others again in which a certain amount of the paternal form of government could be very judiciously applied. An analogous condition exists in the case of the internal revenue tax and why it could not be applied in other cases we cannot see as it would in no way diminish the power of the State within her own borders, but would materially add to the prosperity and well-being of every member of each commonwealth. We can hear the cry of centralization arising, but it would be no such thing. Nor could a legal act of the kind be converted into a political machine for the use of certain unscrupulous individuals; the very conditions themselves would forbid it. But before speaking of these possible contingencies let us look at the conditions at present in actual existence so far as the laws regulating the practice of medicine in this country are concerned. We find a vast heterogeneous mass no two States having the same statutory enactments. The entire mass, however, may be divided into several large groups which are about as follows, some prevailing in a number of States, others in but a few, and some in but one:

1. We have those States in which there are no restrictions whatever in regard to the practice of medicine.

2. This class includes those States in which there is but one requirement—to file a copy of a diploma with the county clerk; or, in case of failure to have a diploma, to pass a perfunctory examination before the County Medical Board.

3. There are States more strict in the requirements which are that the diploma which is registered emanates from a reputable medical college, this latter simply signifying that it is not a recognized diploma will.

4. Some States require the applicant for a license to practice medicine to file with the State Board of Health a diploma emanating from a college in good standing, by which is meant an institution which requires attendance upon lectures for a certain fixed number of years, in default of which the applicant is examined by the Board.

5. In these States no diploma whatever is recognized. Each and every applicant for a license to practice medicine and surgery must appear before the Board and pass an examination satisfactorily in default of which no license is issued.

6. Finally we have the system where every applicant for a license to practice must pass a satisfactory examination before the Board of Regents of the State University, except the graduates of those institutions in the State whose diplomas have been recognized by the above Board.

Such, in brief, are the different laws of this country in reference to the practice of medicine. They all have one object in view—the elevation of the standard, but it is a question as to whether this laudable end is accomplished. In regard to the first category, in which are included those States having no requirements whatever, the law is simply infamous. It permits every mountebank, every charlatan, every pretender, every ignoramus to prey upon a credulous and too confiding public. Any law would be better than such a mockery. Yet this condition is one existent not in the wild and uncouth West, but in the cultured and intelligent East. At least we would be led to this view when we take in-

to consideration the States in which this utter lack of control has its existence.

Upon looking over the remainder we find that they are either too lax or too arbitrary, such as that mentioned in paragraph 6, where applications from without the State are not met with that leniency which is shown to those emanating from residents; the idea being, presumably, to keep interlopers away and afford a sort of protection to the residents. This is certainly a most arbitrary method of dealing and one which is certainly not in accord with our ideas of justice in this country. We are not opposed to the resolutions adopted in some States, whereby the diplomas of European countries not recognizing those granted in the United States, shall not be recognized. This is certainly nothing but just; but it is not just for one State to discriminate against any other; for, whilst empowered to govern itself independently to a certain degree each one, after all, is but part and parcel of the great confederation of States which goes up to make this the greatest republic on the face of the globe.

All the State laws for the regulation of the practice of medicine differ more or less from each other and no State will accept the license issued by another. In consequence, if a practitioner desires to remove to another State, either temporarily or permanently, he cannot do so until he has gone through the formality and oftentimes annoyance of complying with the laws of the new State in which he finds himself. This is not the only evil. Whenever a large number of individuals, or a small number for the matter of that, if they have the influence, desire to limit the number of physicians in the confines of their State all they need do is to pass some oppressive law and forthwith a "protective" wall of the most protective order is erected and unless the other States resort to similar measures they will be overrun by more than their just due.

It is for these and various other reasons that State Medical Laws are not of the best. In the majority of instances the regulation of the practice of medicine is placed in the hands of those who should certainly not deal with such matters. The State Board of Health, as its very name implies, is intended to be a body of responsible indviduals whose duties consist in attending to the general sanitary measures which affect the State, as such. Such a board should be on the alert to promptly suppress, or prevent epidemics; to enforce such sanitary measures as will conduce to the health of the people; to further all means by which the people will be protected from pestilence and disease. Instead of that the majority are dictating to medical colleges as to their methods of instruction, the length of studies, the subjects that should be taught, etc. They will pay no attention to national nuisances which threaten the lives of millions; but, they will split hairs upon a technical point of what constitutes a certain percentage in attendence upon lectures, and occupy themselves with a mass of legislative matter bearing upon the methods to be pursued in medical education.

In Germany any medical college has the power to grant a diploma but this, in no wise, entitles its holder to practice medicine. He can only acquire this right by passing a State's examination (Staats Examen). This is perhaps the best method to pursue as no favoritism is shown and it is uniform. A similar method in this country would certainly be vastly superior to the chaotic condition which now prevails. The laws in relation to the practice of medicine should be enacted by the General Government and thus uniformity throughout the United States would be secured. This would certainly not interfere with any of the rights properly appertaining to the individual States. Moreover, a uniform system of examination for the obtaining of a license should be adopted so that once obtained the license would entitle the holder thereof to practice any where in the land. The various qualifications necessary to entitle an individual to the privileges of an examination could be easily determined; and, the matter of determining how and by whom examining boards should be constituted are matters of detail which would entail but comparatively little trouble. It is absolutely imperative that a uniform system should prevail as well as that the rights conferred should be of national scope. To accomplish this there can be but one method and that is by the enactment of Federal laws.

**Early Stimulation of Sexual Curiosity** is an American vice, according to the *Medical News*. One who is acquainted with the modern American schoolboy need not be told that he is thoroughly well versed in the wisdom or unwisdom of sexual affairs, and that too often his knowledge is the result of experience. The "smart young man," either of city or country, has long since satisfied a morbid curiosity too soon aroused by his older play-fellows, and whether by obscene books or the semi-scientific and semi-medical caterers to such markets, or worse yet, by the scandal-mongering newspapers, he has been prepared to understand and practice the art of sexual allusion and risky flirtation.

Many mothers cannot know how near their daughters rival their sons in this illicit knowledge, because too frequently the daughters are more *instruite* than the mothers. When the mothers were young ladies, fashionable conversation between young people was not a game at *sous-entendre*, a match as to which could suggest the most worldly wisdom and say the most improper things in the most proper manner. Hidden meanings that would have made their mothers blush run like subtle tremors beneath the mask of society talk and repartee. Operatic and theatrical frivolity make sexual knowledge, of a lurid theoretical kind, a sort of necessity to the "bright young woman." She may not yet have actually partaken of the apple of the tree of knowledge, but she knows well enough "all about the old story," has learned the secrets in advance, probably has quiveringly "nibbled" at the apple and enjoyed its perfumed beauty.

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One of the indirect causes that perhaps has most

strongly contributed to this pernicious tendency has been the custom of allowing boys and girls to be alone in each other's company. Go where one may in our country, it is astonishing how it is taken as a matter of course that these youngsters may be safely trusted with each other, either in couples or in "parties" of all kinds. In the country "kissing parties" are by no means out of date, and boys reaching out toward puberty with discounted knowledge, are allowed to take the girls to meetings, buggy-rides, and all that. In the city the fact is the same, with the change of customs and circumstances. It is increasingly common to meet in every square numbers of these couples of boys and girls, and to overhear the scraps of conversation and the laughter that shows half-concealed pleasure at cunning insinuation. The innocent purity of the child's eye and expression early fades into the cunningly secretive answering glance that tells the observant mind of an indescribable unconscious grace replaced by a describable conscious disgrace.

All such customs serve to stimulate sexual desire and shorten childhood to a degree that subjectively is incompatible with proper development of body and mind, and objectively with the legitimate satisfaction of marriage.

**A National Secretary of Public Health** is becoming an absolute necessity for the welfare of the people. We find in a recent issue of the *Medical Age* the following: All will agree that no more important interest could be conceived of as entitled to national representation than the health of the public.

It did not need the fear of a cholera epidemic to incite sanitarians and physicians to suggest the appointment of a national health officer. Some time ago a bill was introduced in the Senate providing for the establishment of a Department of Public Health under the charge of a medical officer, to be appointed from civil life by the President; this Department to obtain from consular officers at foreign ports all available information in regard to the sanitary condition of such ports and places, and also all information accessible from State and municipal authorities of the sanitary condition of places in the United States; all the information gathered to be embodied in the form of a bulletin, and transmitted weekly to the marine hospital service, collectors of customs, and to State and municipal health officers; the Department to also procure and tabulate statistics relating to marriages, births, deaths, the existence of epidemic diseases, and all information relating to climatic and other conditions affecting public health, and to co-operate with State boards of health, the signal service, the medical department of the army, and other branches of the Government, utilizing the results so as to make the new department a repository of knowledge for the protection of health and the prevention and extermination of disease.

This bill will be considered at the next session of the Senate, and public opinion will demand of its senatorial representatives active support of so popular and necessary an officer as a National Secretary of Public Health.

The recent active investigation of the facilities of existing sanitary stations showed clearly that many were sadly lacking in adequate equipment for the examination, isolation, and disinfection of suspected carriers of infection.

What nobler mission for a cabinet officer than to devote himself, with the aid of proper appropriations, to completing and perfecting such a thorough system as to make a general epidemic of cholera or other infectious disease impossible?

**Conservatism in Medicine** should always be fostered. In a recent address (Cleveland *Med. Gaz.*), Dr. F. D. Brandenburg said among other things: To be conservative, implies two cardinal principles. First, the physician must possess a thorough knowledge of his profession, and second, the physician must be able to make practical application of that knowledge, at the proper time. Firstly, to gain a knowledge of the medical profession. As students, you must be earnest, industrious and zealous. Prompt attendance at all college exercises. Taking full notes of quizzes, and use in after life. Text books have their value, but the personal knowledge of your professors gained after years of experience, as imparted to you in their lectures, has a much greater value.

Slight no department, put equal stress on each branch. There are no born specialists. No man knows for what he is best fitted, until after years of practice; and if perchance he may be strong in any one direction he is unconsciously led into that path. Unconsciously, I say, for none of the great specialists of the present day had the slightest premonition, when first they began the practice of medicine, the special branch they would eventually pursue.

Dr. Emmet first began general practice in the poor tenement districts of New York City; to-day, he ranks at the foremost gynecologist of the world; with a natural tact for such work, he was unconsciously led into that specialty. The matter of specialists is apt to be misunderstood. It seems very easy for the specialist to perform his work; but stop, consider the time, labor and money, which has been expended, before he arrived at his stage of perfection. To be a true specialist, regardless of the department chosen, requires a broad foundation, which can only be secured by shorough preparation as a student, and years of general practice; so that the specialist may rightly understand the bearing of the various maladies upon his own department.

As practitioners, your knowledge must ever be increasing. Carefully study your cases, which can only be done by keeping an accurate systematic history of each case. A successfull practitioner recently told me, he gained more practical information from the study of his recorded cases than from all text books.

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**Rags** are a dangerous medium for the dissemination

of contagious diseases. As the Pacific *Medical Journal* very aptly puts it when a member of a family comes down with a contagious disease, it often seems a great mystery, how the polson found its way into the household. We usually investigate the water and milk supply, then the food, then trace step by step where the child has been several days before it was taken down; then who visited the house, etc. It would hardly have occurred to either the physician or the family to investigate the new mattress that has just been procured from a first-class firm, for the reason that it would occur to the mind possessed of the ordinary sense of decency, that rags taken from the bed of a small-pox, or diphtheria, or scarlatina, or typhoid, or syphilitic patient, or that had wrapped the sores of a leprous Chinaman, would be made up into mattresses without being either cleansed or disinfected. Such, however, seems to be the case. The ethics of trade must be constructed on a most sordid basis. The ubiquitous reporter of the San Francisco *Chronicle*, a few days ago visited some of our "Rag Factories" and found that merchants who would be mortally insulted were they called anything less than gentlemen, were using the vilest and most filthy rags, neither washed nor disinfected, for the manufacturing of mattresses. The germs of some of the contagious diseases, having such tenacity of life, are likely to be introduced into many a family in these rags. To wash and disinfect these rags before use, would probably add five cents to the cost of the material of each mattress.

We certainly owe a vote of thanks to the reports, and congratulate our city, that we have a Board of Health, and Health Officer, who will see that proper sanitary precautions are taken in the conversion of rags into mattresses.

If the lucre obtained for those mattresses is as filthy as the rags, it must be "filthy lucre," indeed.

**Trouble in Texas** is attracting the attention of the *Medical Record* which says: We have watched with a prayerful interest the development of medicine, medical societies, medical colleges, and medical journals in the great State of Texas. There has always been an elemental freshness and vigor about the Lone Star institutions which gave promise of great things. Their journals have been the reddest, their society meetings the most parliamentary, their medical ethics the most sensitive, and their controversies the stormiest of any of the subdivisions of this great republic. Out of this friction and ferment there have come interesting jour nals, alert colleges, active and original physicians, and a State Texas Medical Association. But there is trouble brewing now for this latter organization. The *Texas Health Journal*, an interesting periodical devoted to sanitation, a particularly unadulterated baking-powder, and other useful things, begins its July leader as follows:

"The ignorant, inhuman, and brutal conduct of the Judicial Council of the Texas State Medical Association, during its session held at Waco, Texas, April 28 to May 1, inclusive, 1891, has no parallel in the proceedings of medical societies; in fact, such a precedent cannot be found in this nineteenth century civilization; whitecapism towers into temples of justice when compared with it; in fact the darkest dungeons of hell, compared to the deeds of that Council, are as flowery gardens and oriental castles. For this humiliating conduct the twelve men who constituted the alleged 'Judicial (?) Council,' have just received a rebuke from the American Medical Association that ought to not only cause the eternal blush of shame to mantle their cheeks, but sink deep into their hearts and take possession of their very souls—provided they are blessed with such psychological qualifications and attachments."

We have looked around to see what was the cause of this retributive piece of rhetoric; but are as yet a little uncertain.

**Too Many Medical Colleges** is a complaint heard upon every side. An exchange states that Dr. Burstein says there are too many medical colleges. What is the use of having six medical colleges in a city, every one claiming to be the best school and possessing the best methods and largest facilities and boasting to the public of its larger number of students and larger graduating classes? This is simply in accordance with the great spirit of competition which pervades all business interests, and for that very reason it is wholly wrong. Far more competent physicians could be graduated by maintaining one University in a State, furnished with every possible facility for instruction, following the best methods of study, and having ample means for purposes of laboratory practice and scientific research.

**Popular Impressions of Cholera** are of very little value, according to the Boston *Medical and Surgical Journal*, which goes on to say that it is not unlikely that the present invasion of cholera may be of much practical use from an educational point of view. Health authorities are polishing up their weapons of defense. Physicians are flooded with cholera literature, and the laity revel in details of how to prevent and how to treat the disease, and what it looks like when it arrives. Some time ago one of our daily papers published a drawing of a group of cholera bacilli. This was copied by other papers until the plate was so used up that the group of bacilli looked like an earthworm. Then the enterprising editor had it renovated, and embellished with a vicious-looking head. The result was a specimen of micro organism which must have impressed itself upon many persons' minds so deeply that they have been daily expecting to see one come crawling up from quarantine. To prevent cholera, a host of prescriptions are laid before the public. The recommendations of the boards of health are not of the kind which appeal to a large part of them, keeping clean and avoiding unwholesome things are not nearly so satisfactory as swallowing pellets, and wearing copper medals

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round the neck, or as filling the stockings every day with sulphur.

**Some Cholera Comments** are indulged in by the *Lancet* as follows: The epidemic of cholera is, we are glad to say, decreasing. The tide of cholera literature has consequently now begun to ebb. One thing seems absolutely certain, which was, however, well known before, and that is that the disease may be contracted in one place and carried to another or to several other places before it manifests itself. During the progress of the present epidemic we have had ample evidence of that fact as regards vessels from Hamburg, Havre and other ports. The epidemic has not manifested itself in any great force except in Russia and at Hamburg, notwithstanding that it has prevailed for so many months in the neighborhood of Paris and the River Seine. The civilized world believes, and prudently acts on the belief, that there is such a thing as cholera infection and that a cholera patient is the source of it, specially so, by and through the micro organisms contained in the discharges from his stomach and intestines; and we have taken a firmer grip, as it were, of the lessons taught by bacteriological science and its discoveries. 'It is possible, if it be proved that the comma bacillus is veritably and indeed the cause of cholera, that further researches into its life-history may show that the so called cholera bacilli can assume a resting or spore stage and undergo certain changes of form under conditions which as yet remain to be demonstrated. Meanwhile, we can only adhere to the more exact scientific methods in the prosecution of our observations and researches.

**Galvanism in Uterine Fibroids.**—Dr. T. M. Wright is an enthusiastic supporter of this method as may be judged by the following conclusions which terminate a paper by him on this subject (*Lancet-Clinic*):

1. Electricity is capable of exciting absorption, and of entirely removing large myomata of the uterus.

2. There is a class of tumors where the fibrous structure far exceeds the muscular structure, in which electricity, applied without puncture, fails to reduce the size of the tumor.

3. Intercurrent, inflammatory disease interferes with the action of electricity on fibroids.

4. Electricity produces much more rapid reduction in size of fibroids when the current is strong—150 to 300 milliamperes.

5. A current of 200 milliamperes, positive internally, is capable of producing the death of the tissue, as was shown by a case.

6. Electricity is a most elegant tonic, and rarely or never fails to benefit the patient's general health very much during the course of treatment of fibroids.

7. Electricity is capable of controlling the hemorrhage due to fibroids far more perfectly than any other means at our command.

**General Tuberculosis.**—Dr. Alfred Hand, Jr., reports the following to the *Annals of Gyn. and Ped.*: M. S., female, colored, aged six years. Family history, negative. She had always been well, but about three weeks before admission she became dull and languid and wasted rapidly, although walking about. With this history, and bearing in mind the predisposition of the colored race to tuberculosis, the case was entered as above, with a mental reservation in favor of typhoid fever. The physical examination and the behavior of the case for two weeks after admission to the hospital pointed strongly to the latter supposition as the correct one. There were stupor, a brown-coated tongue, a few moist rales posteriorly, tympanitic distention of the abdomen, tenderness on palpation over the liver and spleen, gurgling in the right iliac fossa, and a moderate diarrhea, with yellow stools. For two weeks the symptoms lessened, the stupor disappeared, nourishment was well taken, and the temperature gradually returned to the normal as at the close of typhoid fever. But just as this stage had been reached, the temperature began to oscillate in a marked way, the difference between the morning and evening temperatures at one time being six and one-half degrees. The patient lived for two weeks longer, the treatment being supporting and stimulating, consisting of as much nourishment as she would take; whiskey, a drachm every two hours; quinine, one grain every three hours; ammonium carbonate, two grains, and tincture of digitalis, one drop, every four hours. The diarrhea was easily controlled by starch-water and laudanum injections.

At the necropsy, a tubercular pleurisy was found, and there were tubercles on the lung surface, but the lungs themselves were only slightly involved. Almost every other organ was riddled with tubercles. The process had advanced farther in the posterior mediastinal glands than elsewhere, as they were enlarged and cheesy, and some were purulent in the center.

The spleen was enlarged and firm, and it and the liver contained many small, caseous tubercles. The mesenteric glands were enlarged, but the intestines were normal, no ulcers, nor scars being found.

The horseshoe kidney had very few tubercles in it.

**Test-Reaction for Culture of Micrococcus Pyogenes Aureus.**—Drs. Wm. L. Coplin and D. Bevan write to the *College and Clinical Record*: We have discovered, quite accidentally, that if culture-media be made after the following formula, a very definite reaction takes place when inoculated with the micrococcus (staphylococcus) pyogenes aureus. The

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culture-medium which we have been using in the laboratory for a considerable time in the cultivation of micro-organisms is made as follows:

℞ Meat extract, - - - - grms.v.
Peptone, dry (albumin), - - grms.x.
Glycerine, - - - - - grms.lxij.
Water, - - - - - - litre, j.

To this add agar 1.5 per cent.

Methods for filtering and clearing are the same as in the preparation of other forms of culture-media.

If upon this medium a scratch-culture be made from a growth of the micrococcus pyogenes aureus, it will be found that on the second day after the inoculation the growth of the organism will be manifest; that on the third or fourth day the substratum will begin to become opaque, and by the end of the fifth or sixth day the entire mass of culture-medium will assume very much the appearance of having tapioca intermixed with it. It will be an opaque white, uniform almost throughout the entire medium, except that it will be most dense near the surface, with diminished density as we proceed toward the bottom of the tube. It can readily be proven by lateral cultures and by cover-glass stains, that the change in appearance is not due to the development of the micro-organism in the deeper layers, but results from some chemical alterations induced, probably, by the microbic alkaloid. So far as we have been able to observe—and we have used the medium for nearly all cultures—the change only takes place in the presence of the micrococcus (staphylococcus) pyogenes aureus and the micrococcus tetragonus, in the latter to a much less degree than in the former. The mixture of several organisms does not seem to change the character of the reaction, so that for the determination of a mixed culture this "pearly white reaction," as it may be called, will be found very significant.

**Old Sprain of the Ankle.**—Mrs. B., aged 52 years, spare figure, previously enjoyed good general health, six months ago jumped from a run-away carriage and sprained her ankle (Detroit *Emerg. Hosp. Rep.*). At the time there was some ecchymosis, but her physician could detect no fracture. A splint, however, was applied, and rest was prescribed for four weeks in bed; then she was given crutches and got about. The whole limb atrophied from nonuse; she could not put her foot to the ground. She applied liniment almost daily, had the constant attendance of a nurse, and with difficulty got about. She was brought to the hospital. An examination showed fibrous anchylosis of the ankle. The limb was very much shrunken and the patient was unable to touch her foot to the floor, owing to some contraction of the muscles of the thigh and the great pain which she suffered when any attempt was made to use the injured ankle. The foot was grasped firmly, the ankle held steady, and the adhesion quickly broken up by manipulation. Her crutches were taken from her, the foot was placed squarely on the floor, the sound limb removed, and the fact that she could stand upon the injured limb was demonstrated to her before she had time to recover fully from the excitement due to the vigorous manipulation of the anchylosed ankle. She was assured that she could now walk and that her crutches would be no longer necessary, which suggestions she immediately proceeded to carry out. She has since enjoyed the full use of her limbs. Atrophy has disappeared.

**Alleged Sign of Still-Birth.**—Dr. A. C. Moreno, writing in the *Boletin Medico de Puebla* for August, 1892, calls attention to a means of determining whether a dead infant has breathed or not, which he claims is infallible. The ciliated cylindrical epithelium of the respiratory tract extends down to the terminal bronchioles, where, he says, it becomes cubical. In an infant which has never breathed this epithelium will be found to exist, but the minute respiration begins, this is transformed into flat epithelium. The change is not a mechanical one, the author holds, but a physiological one. Hence it would be possible to determine by means of the microscope, whether an infant, whose lungs contained air, had drawn the air in by inspiration, or whether it had been forced in during an attempt at artificial respiration.

**Contusions of the Scalp.**—Dr. F. F. Lawrence concludes as follows (Columbus *Med. Jour.*) on this subject:

1. Contusions of scalp caused by slight blows or falls, accompanied by moderate amount of effusion, are simple and require little treatment.

2. Contusions of scalp, caused by sharp blows or severe falls are always to be examined carefully, and a guarded prognosis given.

3. Those accompanied by large effusions, and especially if pulsating, should be treated by shaving scalp, incising, turning out clots, (examining carefully the pericranium and skull), securing bleeding points, closing with sutures, preferably braided silk, dressed with dry antiseptic dressings, which should only be removed when absolutely necessary, before the fourth or fifth day, when sutures should be removed, a light compress and bandage applied.

4. Those accompanied by little or no swelling, when caused by severe blows, should be carefully watched, and on first appearance of local fever or swelling, freely incised, washed out and treated as open wounds.

5. If the case is not seen until patient has had chills, hot dry skin, hard pulse, fever, coated tongue, nausea or vomiting, insomnia, nervous twitchings, or any other symptoms of meningeal inflammation, we should cut down and trephine at once over site of injury.

6. While inflammation of either pericranium or the meninges, is one of the things likely to follow these injuries, it may be prevented by early incision.

7. Where caries of bone or meninges occurs, the cause may generally be found to be injury of pericranium, which became inflamed, effusion followed, then

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nflammation of vessels from pressure, and then by extension meningitis.

**Bichloride of Mercury.**—The following are the conclusions of a thesis entitled Corrosive Sublimate as a Germicide, by Chas T. McClintock, A.M., Assistant to the Professor of Hygiene in the University of Michigan (Indiana *Med. Jour.*):

1. That the high rank heretofore given corrosive sublimate as a germicide is without warrant, and was based on faulty experiments.

2. Different cultures of the same germ may vary largely in their resistance to germicidal agents.

3. Corrosive sublimate forms with cellulose, with silk, with albuminous bodies, and with some parts of bacteria, a compound that cannot be removed without washing. When acting on a germ it forms a capsule aroung the germ which protects it from the further action of the germicide, and in turn prevents the growth of the germ unless removed. But this capsule may be removed by the solutions, as in the blood. The action of the sublimate on bacteria is probably closely analogous to that of alcohol, etc.

4. The presence of a gelatinous envelope in many, if not all bacteria, has not received due attention from writers on this subject.

5. In albuminous fluids, and practically all disinfection has to do with such, corrosive sublimate of any strength whatever is not a reliable germicide.

6. While sublimate has no great germicidal powders, it does not follow that it may not be a valuable disinfectant. This point remains to be proved.

The author of the foregoing does not mention that LaPlace, some time since, referred to the coagulating powers of bichloride, and demonstrated that a solution acidulated with hydrochloric or tartaric acids, failed in producing coagulation. However, the author claims his experiments were made with acidulated solutions.

**The Extension of Gonorrhea to the Pars Posterior Urethræ.**—After an examination of fifty cases of first infection of gonorrhea, Dr. Heisler concludes (*Med. Era*):

1. That posterior urethritis appears much earlier than is usually taught and accepted by the best writers.

His statistics show that in twenty per cent of the cases it appeared in the first week, in thirty-four per cent in the second week, and in fourteen ger cent in the third week after the appearance of the discharge.

2. Constitutional affections, especially syphilis, have little influence in hastening the occurrence of posterior urethritis, although the affection occurs more frequently in syphilitic subjects.

3. Occupations which necessitate long-continued exertion play an important role in expediting affections of the deep urethra.

4. The affection is equally prevalent whether injections are used or the treatment be confined to internal medication.

4. The musculus compressor urethræ has no power to prevent the transference of the infective agent to the deep urethra.

6. The gonorrheal inflammation of the anterior urethra cannot be regarded as an affection of such typical course as is asserted by the majority of authors, *i. e.*, an inflammation starting in the fossa navicularis, reaching the bulb in three weeks; then, when the acme of intensity is attained, passing over to the posterior urethra. In the great majority of the cases, this happens during the first or second week without the direct transference of the gonorrheal pus by means of catheters or sounds.

It must therefore be looked upon, not as a complication of anterior urethritis, but as a direct continuation of it.

**Hair and Whiskers.**—In a paper on aseptic and antiseptic methods, Dr. Oscar J. Price says (N. A. *Pract.*) that in operations of much gravity and magnitude, it is well to envelop the hair of operator and immediate assistants with a gauze cap or turban.

Almost unconsciously the hand may be carried to the brow, whiskers or hair, to remove perspiration which would be unfortunate and would necessitate the renewal of the scrubbing process already mentioned, ere proceeding farther.

It not unfrequently happens that the most careful operator and his first assistant rub their heads together over the field of operation until dandruff and hair falls into the wound. This could hardly be detected except by a person not absorbed in the active part of the operation.

**A New Trephine.**—Tauber describes a new form of trephine (*Med. and Surg. Rep.*), by means of which a disc of bone in the shaps of a truncated cone can be removed from the skull. The advantage claimed for this shaped button is that on replocing it the level of the skull is preserved, that is, the button does not tend to fall in, also its margin is in close contact with the hole from which it was removed. The author believes that with this instrument, a surgeon may safely remove a series of discs and thus expose a large extent of the brain. The openings which are not united may be immediately filled up with every confidence of complete closure by speedy osseous reunion.

**A Difficult Delivery.**—Dr. S. W. Smith writes (*Brit. Med. Jour.*): Perhaps the following case may be considered unique: A midwife, who had attended, as she said, hundreds of patients without requiring the aid of a surgeon, had to send for one at last. The young person was a primipara. After awhile she wished me to help her. I proceeded to do so under difficult circumstances, as the outlet was not relaxed but in about the usual condition. Finding the instruments did not become adapted as usual, I withdrew the blade, which I have no doubt had been applied to the presenting neck of the fetus, the spring of which was undoubt-

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edly pressing against the sacrum and the sagittal suture, with the fontanelle immediately behind the symphysis pubis of the parent. It was a suitable case for decapitation had I not been fortunate in reapplying the long curved forceps in the ordinary way. The blades passed over both ears as far as the outer orbits, causing much swelling and contusion of one of them. Near the the outlet the instruments described a semicircle in the direction of the right thigh, so that their concave surfaces looked towards the perineum and left thigh. When the child was born the chin was found pressing tightly against the sternum. The head was much elongated and the tumor at the vertex unusually large. The convex shape of the head was destroyed by pressure against the symphysis pubis. It was decidedly concave from this cause. I am happy to say mother and child—the latter several weeks old—are both doing well and vigorous.

**Appendicitis.**—In a consideration of the technique of the operation for this condition (Brooklyn *Med. Jour.*) Dr. H. Beeckman Delatour says: As the anatomical conditions present in appendicitis vary so must we vary the operative procedures for its relief. Time will not permit a discussion of the relative value of the different methods of incision, the median, lateral and the combined, drainage, etc., so in this paper will be given only the methods of operative procedure which seem to be most generally accepted.

In operating for this condition we must be guided by certain general rules, the same as for any laparotomy, and certain special ones for the anatomical conditions present.

The cases of appendicitis, from an operative standpoint, may be divided into four distinct classes:

1. Cases which have gone on to abscess and have become attached to the anterior abdominal wall.

2. Those cases in which abscess has formed but which remain remote from the anterior abdominal wall.

3. Cases of catarrhal, suppurative and gangrenous appendicitis, either with or without perforation, but without abscess.

4. Cases in which perforation has taken place without the formation of limiting adhesions and with the development of a general septic peritonitis.

Operations during the stage of quiescence may be considered with the third division.

**Unusual Number of Lumbrici in a Child.**—Mr. F. C. W. Hounsell makes the following report (*Brit. Med. Jour.*): In August, 1891, I was sent for to see a little boy, aged 6, whom I found in bed, very poorly, with temperature 104°. History given: The patient has been ailing and out of sorts for some time; losing flesh, with constant hacking cough and, latterly, night perspiration. Physical examination revealed no disease of lungs, although breathing was rough.

On inquiry, pain in abdomen existed, also mucus in the motions, but no blood; appetite capricious, with picking of nose and grinding of teeth; in short, all the usual symptoms of worms. Three powders of pulv. santonin—3 grs. in each—were ordered alternate mornings, to be followed by castor oil at night, with the result that ninety-seven pink ordinary worms (lumbricoides) were evacuated. The child made a speedy recovery and was well in abont ten days.

The case is of interest from the astonishingly large number of these ascarides which can exist in the bowel of a child of six years with no graver symptoms than those enumerated.

**Convulsion Treated by Compression of the Carotid.**—Dr. T. Gordon Kelly writes to our English cotemporary: In the issue of the *Lancet* of January 2, I read an account of Dr. Leopold Roheim's treatment of eclampsia by compression of the carotid, and in a subsequent number an account of a case of convulsion where this treatment was successfelly tried by Mr. W. C. Hearnden. A similar case occurred in my practice a short time ago, the following notes of which may be of interest.

Mrs. H., a married woman aged sixty-four, had been under my care for over two years, suffering from chronic rheumatism, renal troubles, etc. I had not seen her for some months previously. I rode off immediately, and on my arrival found the patient in a fit which I was told had lasted one hour and a half. The pulse was full, respiration noisy and labored, and the muscles of her face and body were convulsed. I determined to try Dr. Roheim's treatment. Except for the force with which the carotid was beating, I found this comparatively easy to do, the woman being very thin. Within a few moments from placing my thumb on the artery the convulsions of the face and body began to cease, the respiration gradually became slower and deeper, and in about two minutes and a half she came out of the fit, looked around in a dazed way, and when I asked her if she was better, she nodded her head in reply. Since then she has had no return of the attack.

**Fracture of the Humerus From Direct Muscular Action.**—Mr. J. W. Harris writes as follows to the *Lancet*: The following case may he of interest to your readers as most uncommon if not unique. July 22 I was called to see a gentleman aged thirty, not extremely muscular, but well nourished and perfectly healthy in every respect. He gave me the following history: Whilst trying to "throw the cricket ball," practicing for some athletic sports, having made his throw he felt his arm suddenly give way—the ball went about seventy yards—and he heard a report which everyone else in the field heard distinctly also. He tried to raise his arm and could not. On examination I found a transverse fracture of the right humerus situated at the junction of the middle and lower thirds. I set it in the usual manner, took it down August 19, and he is now able to resume his occupation.

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**Treatment of Cholera.**—Dr. John A. McCorkle has recently given the following (*Times and Register*) as his treatment: The first essential is rest—absolute rest. This is imperative. During the prevalence of cholera even a slight diarrhea should receive prompt attention. Rest in the recumbent posture must be enjoined and the patient must not get out of bed to go to stool. In the premonitory stage we must control the intestinal effusion. Opium is the best remedy at our command. It may be combined with camphor and calomel; but, after all, opium is the sheet anchor. It may be given by the mouth in the form of morphia or laudanum, or morphia hypodermically. In the early stage, before vomiting and diarrhea are excessive, morphia may be given dry on the tongue, for its local sedative action. The addition of atropia is valuable. When vomiting and diarrhea are marked, time is precious, and opiates should be given in full doses and repeated until the desired effect is obtained: The combination of morphia, grain one-fourth, and calomel, grain one-half, administered immediately after vomiting will often give great relief. Prof. N. S. Davis, M.D., of Chicago, speaks in the highest terms of the following prescription in the early stages of cholera:

℞ Acidi sulph. aromatic,
Magnes. sulph.,
Tinc. opii, - - - - - aa ʒiv.
Elixir. simplicis,
Aquæ, - - - - - - aa ℥j.
M.

Sig. ʒj in a little water every 3, 4 or 6 hours according to the frequency of the evacuations.

During the first stage the patient should take but little liquid. To allay the intense thirst, ice may be given freely.

The painful cramps are best relieved by seizing the muscles and holding them a moment until they relax. Friction, warmth, etc., are generally useless for this painful condition.

In the second stage, or stage of collapse, opium is contra-indicated, as its effect on the circulation and respiration is akin to that produced by cholera. The hypodermic use of camphor—camphorated oil in the proportion of one to five—is here indicated as it is an excellent stimulant to the nervous system. Other arterial stimulants are ether, alcohol, etc. But the weight of authority is against the use of alcohol, and some observers of large experience condemn its use altogether. The chances of recovery from this stage are small. The value of the remedies is confined almost wholly to the first stage.

**Congenital Absence of Vagina.**—Dr. John S. Fulton publishes the following interesting account (*Am. Jour. Obs.*):

M. F. I., born in 1856, developed into a strong and healthy girl, but never menstruated. In 1872 she was married, believing herself to be, sexually, a perfect woman. Insuperable obstacles to coition persisting, she went, in 1875, to an eminent surgeon in Baltimore, who attempted to establish a vaginal canal; but, becoming convinced that the uterus was absent, abandoned the operation after having proceeded to a depth of only one and a half to two inches. Some effort was made to keep this small opening patulous by packing it with sponge, but it closed entirely.

In 1881, at the age of 25, she came into my care. She was then suffering with headache, vertigo, tumultuous heart action, and difficulty of breathing. The vessels of the face and neck were turgid, the countenance dusky and bloated-looking. She said that for several years she had bled at the nose more or less regularly, but for some months past she had not done so. I proposed venesection, which was the means of relief she herself had in mind. The symptoms abated promptly upon the abstraction of a pint and a half or more of blood from her arm.

At a subsequent visit I was permitted to examine her thoroughtly. The external genitals were perfect. The meatus urinarius, while not obviously large, was sufficiently distensible to admit my forefinger into the bladder. Through the rectum the crescentic fold of the broad ligament could be easily made out; and, in the center of its sweep, a small body, less than one inch in length, and in shape very like a uterus. With a sound in the bladder (the finger could not be used) and a finger in the rectum, I spent some time searching for appendages. Neither ovaries nor tubes were discovered.

**Laws of Periodicity in Inebriety.**—Dr. T. D. Crothers states that drink periodicity follows certain laws (*Jour. Am. Med. Ass.*) and concludes as follows:

1. The periodicity of the drink paroxysm is unquestioned evidence pointing to central brain lesion.

2. Heredity, nutrition, mental exhaustion and environment are all very common causes, or predisposing factors, of this condition.

3. Allied diseases, of which epilepsy is very common, are associated with this, and similar affections are interchangeable.

4. The drink periodicity follows a uniform line of events ending about the same way in nearly all cases. Its varieties and symptomatology are practically the same in the regularity of origin, development and termination.

5. These cases are the most certain and dangerous of all drink neurotics and are the least understood. The prognosis is uncertain and full of dangerous possibilities and the natural tendency to death.

6. These cases are very susceptible to treatment when the measures are applied scientifically and with full knowledge of the causes. Their inebriety is more positive than that of other inebriates. The drink impulse is often controllable and frequently disappears with treatment. This class requires the most carefnl medication and study.

7. Medico-legally the most important problems are associated with these drink paroxysms. Each case re-

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quires special study and is to be judged from general principles of physiology and psychology.

8. Such cases of necessity have impaired nerve control and cannot be measured by the rules or standards of mental health.

9. All these cases should receive careful study and examination. Tabulated facts of sufficient number and accuracy are needed from which to draw accurate conclusions covering the laws which govern this class of neurotics. Their curability is assured when the causes are known and by the application of means known to science.

**Cesarean Section in Placenta Previa.**—Dr. W. Hutson Ford considers this question at length (*Am. Gyn. Journ.*) and arrives at the following conclusions:

1. The dangers of placenta previa, as well to the mother as to the child, are due to the development of the placenta upon the lower uterine segment, and to the canalization of this segment during labor.

2. While the first of these conditions cannot be avoided, the second should not be permitted in placenta previa totalis, or partialis. Delivery should be by Cesarean section.

3. In placenta previa marginalis, if the circumstances were favorable, the os easily dilatable, the condition of the mother and child good, the head presenting or capable of being readily brought to engage, and the hemorrhage arrested or moderate, it would be well to follow the method of intra-uterine and vaginal tamponade and deliver by forceps if the child should be in danger. But if the os were riged, the hemorrhage profuse, the presentation lateral, the cord prolapsed and not reducible, or the fetus evidently suffering, I would have immediate recourse to Cesarean section.

4. The Cesarean section should be performed as soon as the diagnosis is established and the condition of the mother permits, to the exclusion of all other methods, as an elective and primary operation, in all cases of placenta previa totalis and partialis, and as soon as the conditions warranting it, in placenta previa marginalis, have been satisfactorily determined.

5. In the two graver forms of placenta previa, the Cesarean section should be practiced as a prophylactic measure, in place of any attempt to deliver by natural passages, after the first hemorrhage.

6. In cases where hemorrhage is late or sets in only as labor begins, and where, consequently, the placenta is most probably attached laterally, it is advisable, until this entire subject has been practically studied, to deliver per vaginam, as a rule. If, therefore, the cervix be easily dilatable, and the hemorrhage moderate, we may proceed as suggested in the more hopeful cases of marginal implantation. But even here, an undilated os associated with severe hemorrhage would constitute a very serious condition. If the rigidity were due to fibrosis, it should be abated by multiple incisions, if no carcinoma the radical Cesarean section would be indicated. If the cord were prolapsed and after reposition still descended, the os being partly dilated, and not dilatable, dangerous hemorrhage continuing meanwhile, the Cesarean section would be unquestionably indicated for the safety of both mother and child.

**Expectant Treatment of Hip-Joint Disease.**—Dr. Bingham gives the following conclusions (*Can. Pract*) as the result of his experience:

1. Hip disease when seen in the early or first stage is often amenable to mechanical treatment.

2. Although in the early stage the bacilli may frequently be absent, the joint should be treated from the beginning as though they were invariably present.

3. An important cause of the extension of the disease is the irritation due to pressure between head of femur and acetabulum.

4. This is best prevented during the acute period by rest in bed with fixation of the body by a long splint to the sound side, and longitudinal and transverse extension by weights to the diseased joint.

5. As soon as the early symptoms have quite subsided, the patient should be fitted with a long traction and fixation splint, and not allowed to rest for one moment on the diseased joint until completely cured.

6. After indications of softening have become apparent and persistent, expectant treatment is no longer indicated.

**Dysentery.**—Dr. J. M. Miller, in speaking of the treatment of this trouble (Kansas City *Med. Rec.*) says: Of all the remedies which have been recommended for the relief of dysentery, besides the irrigation method, but one, ipecacuanha, deserves the name of a specific. The remedy is best administered in large doses, twenty to forty grains, and should be repeated every four to twelve hours, until permanent good effects are obtained. A dose of twenty to thirty drops of the tincture of opium, or one-fourth of a grain of morphia hypodermically will best protect the patient from too great exhaustion.

The diet should be of boiled milk, beef tea, soups, etc., and if complications arise they must be treated with their proper treatment. The ulcers may require local treatment.

**Conclusions as to the Treatment of Typhoid Fever.**—Dr. Francis L. Haynes concludes as follows (*Times and Register*):

1. All antipyretic medication is probably injurious.

2. The systematic use of cold bathing is invaluable. I would like to refer to Dr. J. C. Wilson's excellent lecture in International Clinics.

3. Would not Kibbee's cot be useful in cases which can be moved with difficulty? (J. R. Haynes).

4. Keeping the constant application of bags filled with ice to the head and abdomen, has no appreciable influence on the temperature, and I have tried it most thoroughly. Why?

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5. In a few cases, terminating in recovery, in which

the patient could not be gotten into a bath-tub, the following plan (suggested by Ringer) enabled the attendant to keep the temperature down, though it must be regarded as but a poor substitute for bathing; towels were wrung out in ice-water, applied to chest and abdomen, and changed every two or three minutes.

6. Alcohol is rarely required, and when required, is most useful in small doses—teaspoonful of whisky with milk every two hours.

7. Two quarts of milk daily is the maximum quantity which should be used. Any more is apt to produce diarrhea, with very fetid stools.

8. The best purgative is castor oil, drachm doses. Beef tea is a fairly reliable purgative in this disease. I never prescribe it for any other purpose in typhoid.

9. Turpentine has an excellent influence on the intestinal lesions. It prevents intestinal hemorrhage.

10. Digitalis has no beneficial influence on the failing heart of typhoid.

11. Coca, as a stimulant, or for any other purpose in typhoid, is worse than useless.

12. The best treatment for intestinal hemorrhage consists in keeping the patient stupefied by hypodermetic morphine; in keeping them absolutely quiet, and in preventing anything whatever from being administered by the mouth or rectum for several hours. Thirst may be allayed by washing the mouth frequently. Feeding should be very cautiously resumed.

13. Should laparotomy be made for intractable hemorrhage?

14. Perforation should be treated by laparotomy.

15. The future of the treatment of typhoid: Bathing, intestinal antisepsis, judicious feeding, and rest.

**Fungous Foot of India.**—Seven cases of this tumor, now believed to be actinomycosis, have been seen at Kasr el-Aini Hospital and were recognized by Mr. Milton from published descriptions of the Madura foot. The first case was that of a young girl seen in 1888, but the remaining six have all been young men, either Egyptians or Negroes. The disease has not yet been met with in any other part of the human body or in animals. No light can yet be thrown upon the cause of the disease and only one case has yet shown the black variety of mycetoma. To the naked eye and under the microscope the Egyptian cases exactly resemble the disease as seen in India.

**Anthrax Poison.**—A series of experiments on this subject led to the following conclusions (*Bact. World*):

1. It is the germ of anthrax that produces the disease, not its products.

2. The products are poisonous, and may cause disease in the manner of other chemical poisons, but do not produce the typical and characteristic symptoms of anthrax within the period of inoculation.

3. The assertion that one cannot separate the germ from the products, even by culture, and then establish the action of each, is not well founded; it can be done.

4. What is true of this malady must be true of numerous others, and the facts support the bacterian doctrine of specific disease.

Experiments with blood serum of animals having died from anthrax, made on the same principle and by the same methods, give the same general results as do cultures. In the animal organism the germ acts first, and then this action and its resultant transformations and the generated chemical poisons are the factors in producing anthrax.

**Rhus Radicans in Enuresis of Childhood.**—Dr. St. Philippe claims that in rhus radicans we have a remedy in nocturnal enuresis of childhood more certain and effectual than any hitherto recommended (*Nat. Drug.*). He uses it in the form of a tincture—dried leaves, 1 part; alcohol of 69%, 5 parts—of which he prescribes at first, 5 drops morning and evening to children of from two to six years. In rebellious cases, and in children over six years, he gives as high as 20 drops morning and evening. It is given in a little syrup and water.

**The Endometrium.**—In a paper on the relation of micro-organisms to the diseased endometrium (*Am. Jour. Med. Sci.*), Dr. Ernest Laplace states that:

1. The normal endometrium of uterus and cervix is a harbor for vast numbers of micro-organisms, most of which are known to us, but some still unknown but possessing poisonous qualites for guinea-pigs.

2. The inflamed endometrium contains the same kinds of micro-organisms, but in vaster quantities, the superficial exfoliating cells also containing them.

3. In chronic endometritis the secretions contain about as many infectious organisms, the mucous membrane and fibrous tissue become greatly hypertrophied under the continued development of these organisms, and whether this chronic condition be simple or gonorrheal we find the germs both in the epithelium and fibrous tissue.

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**Vomiting and Pregnancy.**—Prof. Roberts Bartholow in his work on Materia Medica and Therapeutics (1889-90) says in regard to Ingluvin: This is a preparation from the gizzard of the Domestic Chicken —*Ventriculus callosus gallinaceus*. It has the remarkable property of arresting certain kinds of vomiting—notably the vomiting of pregnancy. It is a stomachic tonic, and relieves indigestion, flatulence and dyspepsia. The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting in pregnancy, it should be given before meals.

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## Treatment of Leucorrhea.

Editor MEDICAL REVIEW.—A very troublesome little thing which the general practitioner is frequently called upon to prescribe for is simple vaginal leucorrhea. It is perhaps most often met with in young girls, and is quite often not associated with any other symptoms of pelvic trouble.

In these cases local treatment is hardly deemed necessary, especially in the unmarried, and they are given a vaginal wash of some antiseptic or astringent and told to use it daily or as often as the physician may direct. Very little is said about the kind of a syringe to be used or the proper method of using it, hence such treatment is, in the vast majority of cases, unsatisfactory to both patient and physician, and after a time the patient, if the trouble be persistent and aggravated, is forced to have local treatment or feel compelled to submit to the constant disagreeable discharge believing it to be incurable.

Such was my observation and experience until a few months ago when my attention was called to a new method of vaginal medication which at once struck me as being a good thing—I refer to Helonia Tablets. The ingredients, Helonias, ac. boric, ac. salicylic, alum ext., hyoscyamus, etc., are made into the form of a compressed tablet about three-fourths of an inch in diameter and one-fourth of an inch thick; this tablet is placed as high up in the vagina as the patient can reach each night before retiring. In the morning a douche of warm water removes the debris. I have now used them in about twenty cases with uniformly good results, indeed some of them have been almost marvelous. To indicate more fully these results I will briefly outline a few of these cases.

CASE I.—Mrs. B., aged 25, II-para; large erosion of external os with slight endo-cervicitis. Uterus quite engorged and very tender, usual reflex symptoms of headache, backache, lassitude, but the symptom most complained of was an excessive leucorrhea. I instituted the usual measures for relief and continued the local treatment for some time with some amelioration of the symptoms, but in the main unsatisfactory results both to Mrs. B. and myself, especially as regards the discharges. Just about this time I learned of the tablets and placed them in her hands for trial. In one week she reported better progress than in three weeks before, and with but two later applications to the endocervix in four weeks she was entirely cured and has remained so for four months or up to the present time.

CASE II.—Miss C., school-girl, aged 16. Mother reports to her suffering from a vaginal discharge which excoriates the external labia and gives rise to great distress. It has continued for three or four months and is growing worse. Prescribed one tablet at bedtime with douche in the morning. In one week marked improvement and in three weeks absolute cure.

CASES III, IV, V and VI.—Almost repetitions of Case II, excepting Cases III and VI were shop girls and a little older than the others. Results in all perfectly satisfactory.

CASE VII.—Mrs. F. C., II-para, aged 30. A long time suffered from various pelvic symptoms with so much leucorrhea that she was compelled to wear a napkin most of the time. Treatment, medicinal tonics and alteratives, local applications of carbolic acid and Churchill's tincture of iodine to endometrium. After dilating external os, boric acid tampons to support an enlarged uterus, and antiseptic washes to be used. She improved satisfactorily with the exception of the leucorrhea which, although materially lessened still appeared after I could find no cause for it remaining.

She became quite discouraged and seemed to lay more stress on this than on all the other symptoms which before had given her so much pain and ill health. Without hope of accomplishing any good I gave her some tablets with instructions as to their use, and discontinued all other treatment. In ten days she returned and asked "why I had not given her those tablets before?" as the leucorrhea had entirely disappeared.

CASES VIII to XIII.—All of same general characteristics with those already given. Result in Case XI not as satisfactory as in the others, but I still have her under observation and suspect the appearance of some malignant disease in the near future.

CASE XIV.—Miss W., aged 23, has a profuse and at times fetid leucorrhea following her menstrual period and lasting for a week or ten days. The use of the tablets for three days stopped it the first month, and the use of one tablet after the cessation of menstruation has so far prevented its return.

Other cases up to twenty would be but repetitions of those given in detail.

My experience has been so highly satisfactory that these tablets form a part of my daily armamentarium and I would not be without them at any cost.

Peoria, Ill. THOS. M. MCILVAINE, M.D.

**Abdominal Retention Tumors.**—Dr. Jonathan Hutchinson in the *Archives of Surgery* offers the following memoranda for the avoidance of error in the recognition of abdominal retention tumors:

1. The distension, although enormous, is usually quite painless.

2. The retention is never absolute, but only residual. There is always overflow.

3. The patients never assist the surgeons, but rather mislead him, insisting that there is free relief of bowels and bladder.

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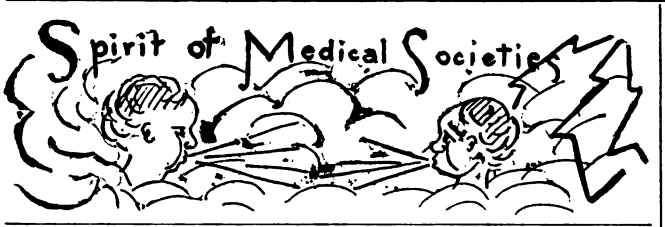


**A Very Rare Malformation of the Bladder.**—Dr. Ely presented a specimen to the New York Pathological Society (*Med. Rec.*) which was removed from a man who had presented no bladder symptoms during life. At the autopsy, in cutting through the abdominal wall, the knife cut through the fundus of the bladder, which was found to extend up to within one inch of the umbilicus. The bladder was long and slender, and its walls were of normal thickness, and not at all diseased. This malformation of the bladder appeared to be due to a persistence of the urachus. A review of the literature of the subject shows that this malformation is extremely rare. Luschkur described a persistence of the epithelial structure of the urachus, and cysts of the persistent urachus sometimes occur, but he could find no case on record in which the bladder extended upward in this peculiar manner.

Dr. Ely also exhibited the bladder of a child at birth, showing how, when distended, it extended up to the umbilicus, and how very short the urachus is at this time.

**Remarkable Improvement in Hearing by Removal of the Stapes.**—Dr. F. L. Jack made the following report to the American Otological Society (Boston *Med. and Surg. Jour.*): In June, 1892, the author operated on a case of chronic suppurative otitis in a girl of 12 years. After removing portions of the membrana tympani, malleus and incus, examination showed the head of the stapes to be carious; and it was decided to remove the bone. Previous to operation there was very little hearing in the affected ear. On the morning following the operation the hearing was much better, and this fact suggested the possibility of good results from the removal of the stapes. Previous to this, the speaker had operated on two cases of chronic non suppurative middle-ear inflammation, by the removal of the drum membrane, malleus and incus. The results, as regards hearing, were not satisfactory. Removal of the stapes is much better in its results, and in the author's experience there had been no inflammation reaction whatever. The method of operating was then described. Sixteen cases were reported in detail, giving the results of tests for hearing before and after operation. A few of the cases were presented to the Society for examination.

The effect of the operation on the hearing as tested by the watch, in some was not marked in either way, indicating in some slight loss, in others slight gain. The result which gives to the operation its importance is the marked improvement in hearing the human voice which is thereby accomplished. If persons who have heretofore heard only with difficulty can be made to hear with ease, by treatment unattended with danger, the operation described, which has accomplished this result, is certainly worth consideration. As to the reason why this effect is produced by the operation I have no theory to offer, other than the simple supposition that it is by the removal of a mechanical obstruction to the sound waves.

**Classification of Hip Disease.**—Dr. R. W. Lovett read before the American Orthopedic Association (N. Y. *Medical Journal*) a paper in which he endeavored to divide the subject on a clinical basis, with the object of facilitating the selection of the treatment best adapted to each particular case. While a pathological basis would be desirable, he thought our present meager knowledge in this direction made such an attempt impracticable. He distinguished four well-marked types of the disease, viz:

1. The destructive form.
2. The painful form.
3. The painless form.
4. The transient form.

Under the first head he includes those cases in which there were usually a tuberculous inheritance and poor vitality, in which there was much thickening of the circumarticular tissue even in the very early stages, and where abscesses and high temperature usually caused rapid wasting and death from exhaustion. Its subjects were peculiarly liable to tubercular meningitis, or, if they lived long enough, were prone to amyloid disease. The disease in some cases was probably an acute infectious osteomyelitis or a pyemia which was not produced by the tubercle bacillus; but in other cases the tubercular formation was peculiarly rapid and extensive, and the process was comparable to the rapid form of pulmonary tuberculosis. The painful form was the common type of the disease, and in addition to the malpositions of the limb which were present, and which yielded readily to treatment, there were abscesses, and the disease ran a fairly rapid course. In the third form pain was not a prominent symptom, although "night-cries" might be present at times. It was a well marked and distinct type, which was less common under six years of age than the preceding form, and ran a longer course. Muscular spasm was a very prominent symptom, the whole joint being rigidly fixed; in fact, there was not so much joint motion in any stage of the affection. Malformation occured slowly and yielded very slowly to treatment, atrophy and shortening were more marked than in any other form of the disease, and the functional results were not so good. This variety of hip disease was probably a fibroid form of bone tuberculosis, the foci being surrounded by less irritation and hyperemia. In the fourth, or transient form, the early symptoms were not characteristic and, while in some of these cases there was no bone lesion, the symptoms closely simulated those of acute simple synovitis. It was probable that the focus of disease was in a part of the epiphysis remote from the joint.

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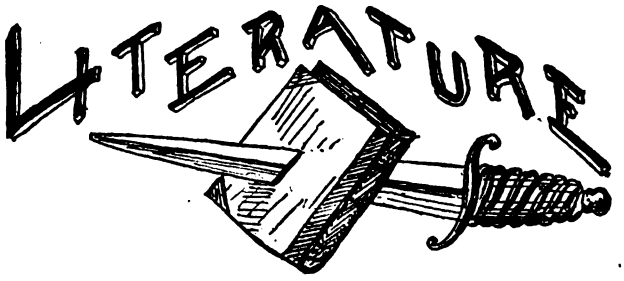



**Modern Materia Medica** for Pharmacists, Medical Men, and Students. By H. HELBING, F.C.S. 12-mo. pp. 202. Third English Edition. [New York: Lehn & Fink. London: The British and Colonial Druggist. 1892. Price, $1.00

This little work is an indispensable adjunct to the pharmacopeia and the various dispensatories. It gives a complete account of the later and newer remedies which, whilst neither official nor officinal, are so extensively used in modern pharmacy as to be practically indispensable. The modern discoveries in organic chem istry and the therapeutic applications of many of the new compounds are so numerous that it would be impossible to keep abreast of the times unaided by a manual such as the one before us.

In this volume we are furnished not only a description of the latest remedies introduced, but the therapeutics is given completely, so far as perfectly reliable deductions are concerned. The exaggerated reports of enthusiasts have received no recognition, but only such as have been confirmed by the best and most trustworthy authorities. A number of new substances have appeared since the work before us was printed, and we must expect this constant increment to be continually taking place. Still it, in no way, detracts from the value of the work before us.

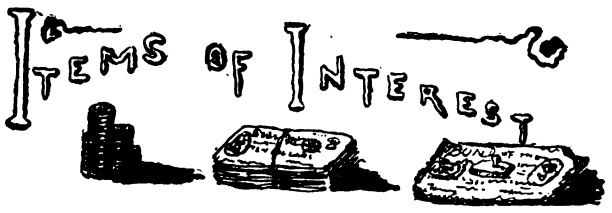
The appendix which is added deals with two classes of remedies, viz.: Those of importance so insufficient as not to warrant any detailed description, and those which are not purely synthetical remedies. Future experience will determine whether this portion will deserve further expansion in future editions of the work. Enough information, however, is afforded the reader to constitute a valuable and reliable guide.

The general arrangement of the book is on the alphabetical plan, and we must congratulate the author upon the manner in which he has done his work.

The publishers are well-known manufacturers of and dealers in synthetical drugs, yet it is to their credit that they have not permitted anything whatever of a commercial nature to creep into this work.

We can heartily commend the book to our readers, and would advise each and every one to possess himself of a copy, as we are certain he will never regret having done so.

**Now** is the time to subscribe for the WEEKLY MEDICAL REVIEW




**Precautions Against Cholera.**—It is stated that the Corporation of London have decided to make some very substantial and necessary additions to their hospital at Gravesend.

**A San Diego Woman** 130 years old and two Indian men aged respectively 120 and 125 years, have promised to visit Chicago next year during the Exposition and give an exhibition of their native dances.

**Dr. Adami,** Fellow of Jesus College, Cambridge, and formerly of Owens College and of the Manchester Royal Infirmary, has been appointed Professor of Pathology in the University of Montreal, Canada.

**Dearth of Hospital Nurses in Paris.**—M. Laurent of the Municipal Council of Paris, is reported to have said that nurses and ward attendants are so badly paid that they can only be recruited from "saintly heroines and the scum of the population who cannot get other employment."

**Death of Deputy Surgeon-General G. W. Powell.**—An inquiry concerning the death of Deputy Surgeon-General G. W. Powell was held on the 19th by Dr. Danford Thomas. The deceased gentleman died from a fall consequent on a false step made whilst looking in a shop window; but the necropsy showed disease of several organs of the body, and that death was due to syncope.

**How Infectious Disease is Spread.**—A grocer's assistant was summoned last week at the Rotherham police court for being in a shop while suffering from an infectious disease. He went to his shop when recovering from an attack of scarlet fever, whither the doctor followed him and found him weighing up articles for sale, the defendant at the time being in a highly infectious state. The magistrates, in view of the expense to which the defendant had been put, imposed a fine of only 20s. and costs.

**Rare Shingles.**—We are looking for the old woman who has not seen a case of shingles and cured (?) it; yet the following remarkable item appears as a preliminary to an editorial in one of our cotemporaries:

Herpes Zoster, or Shingles, is a disease of great interest to the patient who has to suffer, and to the physician who attends it, on account of its rarity. The writer knows many physicians who have grown grey in the profession who claim they have never seen a case of shingles, as it is commonly called.

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**For Mouth Breathers.**—An old writer informs us that "it is a known fact that man can inhale through his nose for a certain time mephitic air, in the bottom of a well, without harm; but if he opens his mouth to answer a question, or calls for help, in that position, his lungs are closed and he expires. Most animals are able to inhale the same for a considerable time without destruction of life, and, no doubt, solely from the fact their respiration is through the nostrils, in which the poisonous effluvia are arrested." The above which appears in a pseudo-scientific publication will be news to our readers.

**The Dangers of Imported Carpets.**—At a meeting of the Kidderminster Town Council the chairman declared that the carpets imported from the East, and purchased for the adornment of fashionable homes, often contained the germs of infectious disease. The Government had prohibited the importation of rags from the East as calculated to spread cholera, and Eastern carpets ought to be similarly tabooed. It was well known in the trade that when bales of such carpets were opened, clouds of ill smelling dust were emitted, and the men engaged in unpacking suffered from violent purging and vomiting.

**The Salaries** paid to the two Resident Medical Officers of the Melbourne Women's Hospital has been reduced by £100 each, to take effect from the 1st of October, next. At present each Medical Officer receives £200 per annum. With regard to these alterations the members of the Honorary Medical Staff have written to the Committee, and expressed their opinion that the efficiency of the Resident Medical Staff will be seriously affected by these reductions in their salaries, and at the same time they recorded their high appreciation of the services of the present Resident staff, whose duties and responsibilities were of a special nature and ever increasing.

**Cholera a Possible Blessing in Disguise.** Dr. Collingridge, of the port of London, is one of those men who can discern a "silver lining" to even the dark cloud of epidemic cholera (N. Y. *Med. Jour.*). He is reported in one of the London papers to have said, in substance: In fact, the cholera is the best thing that can happen to us. If we did not get a scare about once in three years, our sanitation would soon get neglected. Cholera passed our first great Public Health Act. It formed our port sanitary regulations and authority. These acts have saved more human lives than ever cholera destroyed since the world began. If the cholera experience of the port of New York in 1892 can do for us something intelligent, humane, or even human, in the way of sanitary legislation, these squalid immigrants, who have excited so much harsh comment, may prove to be angels in disguise to "a plenitude of generations yet to come."

**A Philadelphia Newspaper** says: "It is estimated that ninety million dollars' worth of fraudulent food products are annually disposed of in the United States, either mixed with good articles or sold in place of them."

**Dr. Henry Grafton Clark,** of Boston, died at Hyde Park, Mass., September 23, at the age of seventy-eight years. He began the practice of medicine in Boston in 1834, and retired about two years ago. He was connected with the Massachusetts General Hospital for twenty-five years.

**Science vs. Money.**—Being in an instrument store not long since, we noticed the pattern for a bivalve speculum, of gigantic proportions (*Cal. Med. Jour.*). As we were a little curious to know its use, we made inquiry and were told by the maker, that the instrument was being made for Dr. —— a veterinary surgeon, of the city, who was going to use it in the artificial impregnation of mares. It seems that there was a very high-priced horse in the city, and the scheme was to beat the owner of the horse out of the price of the colts that might be sired by his horse. So this bright doctor conceived the idea of artificial impregnation as a means of getting blooded colts at small cost. Hence instead of paying for each mare individually, he would take one mare to the horse, and immediately after service, he would take the fructified mare, to where there were several other mares who were in heat, and proceed to divide her treasure with the others, thus getting several colts for the price of one. It was for the purpose of bringing the mouth of the equine womb into view that the long bladed speculum was to be used.

**A Wonderful Story** about a wild woman who has made her appearance in Texas is going the round of the papers (*Hosp. Gaz.*). A young farmer, named Martin, residing near Georgetown, is said to have unexpectedly come upon her as she was making a hearty meal of grass and cactus buds. She was, it is scarcely necessary to state, entirely destitute of covering except hair, but it is of interest to know that she progressed on all fours like an animal. Martin, unperecived, watched her for some time, and then resolved to capture her. He crept up stealthily and seized her by the foot. At first she was surprised at this unceremonious interruption of her meal; then her temper rose and she attacked the man like a fury, but without uttering a sound. Martin found he had met with his match, for he received fearful wounds in the face and arms from the teeth and nails of the infuriated woman. At length she freed herself and escaped into the wood. She appeared to be about nineteen years of age, and had long black hair, very much matted together. The story raised the question whether there may not be a colony of human beings living in a perfectly wild state in the Texas caves. However this may be there is no question as to liars being indigenous to the soil of Texas.

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**The Prairie County Medical Society** of Hazen, Ark., will hold its fourth Semi-annual meeting Oct. 26 and 27 next.

**The Enthusiasm for Quarantine** has reached a high pitch in New Orleans where one earnest medical gentleman advises that we quarantine the world, keep our bowels open, and trust in God.

**The Value of a Toe.**—A workman employed by a dredging company in New Jersey had three of his toes cut off by one of the machines, and sued the company to recover $10,000 damages. The jury awarded him $1,260, fixing the value of each toe at $420.

**To Relieve Hiccough.**—John Morton, M.D., reports in *Indian Medical Record* that he succeeded in curing an obstinate case of hiccough which resisted many remedies, by administering apomorphine hypodermatically Emesis quickly took place, and the patient was relieved permanently.

**Venereal Diseases and Prostitutes.**—Among 2,941 registered prostitutes in Paris, arrested for various reasons in 1891, 251 were found to be suffering from venereal disease. Of 2,637 clandestine prostitutes arrested under similar circumstances, 1,153 were infected. The proportion of disease was therefore about eight and a half per cent among the registered women, as against forty three per cent among the clandestine prostitutes. In Brussels, where the regulations are very strict, the proportion of disease is somewhat less among the registered women, but among the clandestine prostitutes it has recently increased to such an extent that an additional ward has had to be opened in the St. Pierre Hospitul for their reception.

**Prize Essays of the Action of Alcohol and Its Value in Disease.**—The Americal Medical Temperance Association, through the kindness of J. H. Kellogg, M.D., of Battle Creek, Mich., offers the following prizes:

1. One hundred dollars for the best essay "On the Physical Action of Alcohol, based on Original Research and Experiment."

2. One hundred dollars for the best essay "On the Non-Alcoholic Treatment of Disease."

These essays must be sent to the Secretary of the Committee, Dr. Crothers, Hartford, Conn., on or before May 1, 1893. They should be in type writing with the author's name in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting at Milwaukee, Wis., in June, 1893, and the successful essay read.

These essays will be the property of the Association, and will be published at the discretion of the committee. All essays are to be scientific, and without restrictions as to length, and limited to physicians of this country. Address all inquiries to T. D. Crothers, M.D., Secretary of Committee, Hartford, Conn.

**Dr. W. E. Clark** is being sued for malpractice because a patient had a perforation of the membrana tympani, which he ascribes to the doctor's manipulation. Evidently the malpractice microbe is still abroad in the land.

**Medical Practice in Holland.**—The Dutch Minister of the Interior recently brought in a Bill granting permission under very favorable conditions to foreign medical men to practice their profession in Holland. The proposed measure has called forth vigorous protests from the Dutch practitioners.

**A Successful (?) Medical Author.**—We have the authority of the *Medical Press* for the statement that a medical author who, to ensure success in the eyes of the uninitiated, printed one thousand copies of a book, on each fifty of which he had a different "edition" printed, so that by the time the last fifty were drawn upon, the book had reached its twentieth edition. We may add that we know that man, "he comes from Sheffield."

**Some Horrors of Quackery.**—The old proverb "any port in a storm" has often found practical illustration in the empirical treatment of disease (*Lancet*). Time was when even regular practitioners in the art of healing included in their professional armament, along with many simple remedies of real value, other matters the very mention of which might almost suffice to engender illness, We may feel thankful that we have now entered upon a later and more scientific era, and that such extraordinary drugs as weasels' gizzards, does' hoofs, snails and other even more repulsive horrors do not now find a place in any pharmacopeia. There still exists, however, a species of medical folklore, and some of its prescribed wisdom available for use in illness is of the most remarkable kind. Times of panic, by throwing a population to some extent on its own resources for treatment, are apt to create a demand for these survivals of a dark age. This happened lately in Germany where a toad cooked with much care was swallowed as a cure for cholera. As to the result we are not informed. Most of us would probably choose to suffer rather than thus attempt our own relief. One can easily understand how such remedies as these have gained their favorable reception among ignorant persons. Used first, in all likelihood, in some cases of illness mistaken for an incurable disease, the nostrum has been followed by spontaneous healing, and has carried the stolen credit and the faith which goes with reputation to other sick bedsides, sometimes with like spurious results. It cannot be doubted that some such confidence in the horrors of empiricism lingers amongst our own poorer population, especially in country districts. In view of this fact the practice lately adopted by local vestries of inculcating active sanitary measures as the true prevention of infection and impressing the necessity of obtaining prompt medical aid cannot be too highly commended.

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**The Chicago Clinical Review** has made its bow. It is a handsome octavo of 80 pages edited by Drs. Geo. Henry Cleveland and Albert J. Bouffleur. It is quite a paragon of its kind and if the high standard which it begins with is kept up, it will be a marked success.

**Dr. Jose Miguel Perraza** died recently in New York, at the age of forty six years. He was born in Santa Maria, Cuba, but having been engaged in a revolutionary expedition was expelled from the island. He studied medicine in Spain and then removed to New York, where he had practiced several years before his death.

**Dr. Stephen Mackenzie,** of London, records a case of unusually high temperature in the *British Medical Journal* of February 13. It was in a case of intermittent fever and the temperature rose to 107° F. twice, and once to 113° F., the highest being 113 8° F. Thermometers were used in both axillæ. The patient recovered.

**Secret Remedies in Denmark and Norway.**—The Pharmaceutical Section of the fourteenth Congress of Scandinavian Scientists, recently held at Copenhagen, passed a resolution expressing regret that there were no legislative restrictions in Denmark and Norway on the importation of "specialties" and secret remedies, and urging drug venders themselves to cooperate "in the most earnest manner" in putting down the trade in such preparations.

**The Editor of a New York Daily** was quarantined by Dr. W. T. Jenkins, in full obedience to his sworn duty. His royal mendacity felt the indignity of being compelled to submit to the quarantine like an ordinary citizen, and has berated the quarantine physisicians as unfit for their positions because they failed to recognize the rights of a pathological liar to ride roughshod over all sanitary precautions. Dr. Jenkins deserves credit for failing to see any sacred dignity in a newspaper fakir.

**World's Congress Auxiliary.**—A Local Committee of Arrangements has been appointed by the World's Congress Auxiliary, and an Advisory Council will be selected from those eminent in this department in different parts of the world, to arrange a World's Congress of Medical Climatology, to be held at Chicago during the Exposition Season of 1893.

The design is to hold this Congress at a time convenient to those who will attend the Congresses of the other Divisions of the Department of Medicine which are assigned to open May 29, 1893. This early date was chosen to accommodate those who will desire to attend the Medical Congress, to be held in Rome, in November of next year.

**The Paris Hospitals** have recently been overcrowded to such an extent that it would lead one to suppose that a grave epidemic was prevailing.

**Germ-Catchers.**—In our last volume, says the *Medical Times and Register*, Dr. Dixon told our readers how he found the bacilli of tuberculosis in the dirt scraped from a woman's trailing skirt. We are fully aware that if the ladies consider trails in fashion, trails they will wear, even at the risk of bringing back to their homes the germs of all known infections. Of course, they will be very much grieved if the children die of diphtheria, scarlatina or measles, but no self-respecting woman will wear a short skirt in the street when fashion prescribes a trail. We men may rail and rant about it, but what woman wouldn't face all the ills in Pandora's box rather than be called a "dowdy?"

**An Old Cholera Cure.**—This was formerly known as Dr. Beer's cholera drops and is a curosity in the way of polypharmacy. It is as follows:

| | | | |
|---|---|---|---|
| ℞ | Extract. nuc. vomic. spir., | - | 0,63. |
| | Tinct. opii simpl., - - - | | 3,75. |
| | Guttar. Lorenzi, - - - - | | 7,50. |
| | Tinct. Cinnamomi, | | |
| | Tinct. Cascarill., | | |
| | Tinct. Colombo, | | |
| | Tinct. Ratanhae, - - | aa | 15,00. |
| | Tinct. Zingiberi, - - - | | 7,50. |
| | Tinct. aromat., - - - | | 11,00. |
| | Tinct. Capsici annusi, - - | | 3,75. |
| | Ol. Calami, | | |
| | Ol. Menth. piper., | | |
| | ana guttas X. | | |

M.

Sig. A teaspoonful in peppermint every ten or fifteen minutes.

**The American Surgeon.**—According to the Chicago *Clinical Review*, Hingston, of Montreal, gave a word-picture of the American surgeon in the Address in Surgery at the last meeting of the British Medical Association, which is interesting as well for what it carries as terseness of statement. After speaking of the characteristic originality belonging to our leaders, the essayist goes on to say: It must be apparent to readers on this (British) side of the Atlantic, and to those who have visited the Western hemisphere, that the American surgeon arrives, in his own way, and with marvellous celerity, at the chief points in a case—at its gist, its essence, so to speak—by a process which may not be strictly logical, but which is rather of the nature of an intuitive, intellectual judgment or perception. He seems to recognize truth, or something he takes to be truth; without the necessity of any elaborate process of ratiocination. This marked quality in the American mind renders him prone to eclecticism, not alone in medicine and surgery, but in philosophy, and even sometimes in matters of theology.

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**Dr. E. G. Janeway** has resigned the professorship of the practice of medicine in Bellevue College, of New York.

**The Chicago** "Washington Home for Inebriates" has, within a few weeks, received nineteen persons who had been "cured" by the bichloride of gold treatment.

**The Authorities** of the Glasgow Fever Hospital have great difficulty in obtaining nurses, the reason assigned being that the wages are lower than that of other similar institutions.

**The Town of Wiesbaden** has conferred its honorary citizenship on Professor Fresenius, the eminent chemist, on the occasion of the fiftieth anniversary of his taking his doctor's degree.

**Dr. Rollin L. Banta,** of Buffalo, has been appointed Professor of Materia Medica and Therapeutics in the Medical Department of Niagara University, vice Dr. A. E. Persons, resigned.

**Russian Bath.**—In view of the well-known anti-bathing proclivities of the Russian immigrants who are thronging our shares, the query suggests itself as to how the "Russian Bath" originated.

**The St. Louis** *Medical Era* is the latest bantling. It is a monthly quarto of 36 pages, edited by S. C. Martin, M.D. The price of the new aspirant to journalistic honors is $2.00 a year. We wish it success.

**The Pacific Pharos,** the organ of the University of the Pacific, has resumed publication after a suspension of one year. We will be pleased to see the students make this a success and a credit to the entire Pacific coast.

**A Number of Law Suits** instituted by the Chicago Health Commissioner against physicians who had failed to report cases of typhoid fever, were last month withdrawn by him, and the cost met by his department. The physicians claimed to have received no notification of the ordinance requiring such a report.

**Saint Saviour's Sanitarium** for inebriate women is an institution recently incorporated for the treatment of women addicted to the excessive use of alcohol, opium, cocain or other narcotics. It is under the charge of the Sisters of St. Mary, and is situated at Inwood, on the northern end of Manhattan Island.

**The Paris Municipal Council** has passed a resolution to the effect that the disinfction of schools shall in all cases be carried out under the personal supervision of the medical inspectors. It has been found that in the absence of medical control the necessary measures are often carried out in a very perfunctory manner.

**Prof. John Marshall** has been elected Dean of the Medical faculty of the University of Pennsylvania.

**A Meeting** was held recently in Paris, with the object of demanding the reinstallation of Sisters of Charity in the public hospitals. The opponents of the measure were present in force, and the meeting was a most tumultuous one, although the promoters of it succeeded in carrying their resolutions.

**National Quarantine.**—In the large amount which has been written during the past few weeks on the subject of epidemic diseases and quarantine, both in medical and non-medical periodicals, it has been recommended repeatedly in different forms that the quarantine of the country be given in charge of the Federal Government. It seems very possible that the threatening invasion of cholera may result in this desirable reform.

**A Death Sentence on Flies.**—The police authorities of a town in Prussia are said to have issued a proclamation against flies (*Med. Rec.*). The decree states that, inasmuch as flies contribute to the spreading of cholera, citizens are commanded to exert themselves to the utmost to destroy all flies within their houses. The proprietors of beer saloons are ordered to keep fly-catchers on their counters. The penalty for not killing all the flies possible is a fine of $7.50 for each offence, and continued neglect will be punished by imprisonment.

**Room for All.**—Dr. Price says (*Med. and Surg. Rep.*) that neither the specialist, he general surgeon nor the general practitioner need attempt to arrogate to themselves all the honors. The honors are of easy distribution—they go to those who do successfully the work which lies within the legitimate limits of their departments. That general practitioner possesses the finest touches of the skilled specialist who early discovers and promptly deals with troubles needing operative interference, who through close study and observation has a clinical knowledge of suppurative forms of pelvic and other diseases. There is the best of literature on all subjects coming within the scope of his field.

**The London Hospital.**—The resignation is announced of Mr. William J. Nixon, who after 46 years' service as house-governor of the London Hospital, has retired from office. Mr. Nixon is, we believe, the senior of the house governors and secretaries of the hospitals in London. He has rendered great service to the hospital, and has long held the highest position in the esteem of the governors as an able organizer and most devoted and industrious official. He will carry with him in his retirement the sincere respect and good wishes of all who knew him. Mr. G. Q. Roberts, M.A. Oxon., has been appointed house-governor in his place, and will now hold the combined offices of house-governor and secretary.

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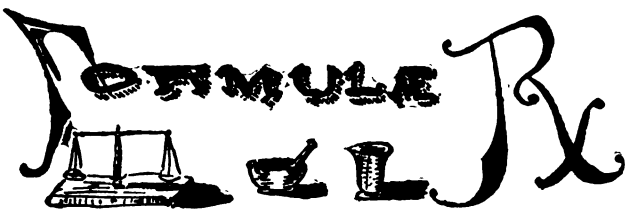
**Dr. F. Reder,** of Hannibal, Missouri, has recently won two valuable prizes for the best essay offered in a contest as to original work. His first paper was on "The Rubber Bulb as an Aid in Intestinal Resection."

**A Dense Population.**—There is a block in New York City, bounded by Ridge and Pitt, Houston and Stanton streets, in which 2,985 people live. This is the rate of a million people to the square mile, and this block is probably unsurpassed for density of population by any other block in the world.

**A New Electro-Therapeutical Society.**—A meeting of homeopathic physicians interested in medical electricity was held at the office of Dr. William Harvey King, New York, October 6, last, to form an Electro Therapeutical Society. This was done because the American Electro-Therapeutical Society will admit none but regulars.

**Thrift.**—It is related that Prof. Billroth once stipulated to perform an operation on a Russian Jew, in a small town, for 5,000 marks. On making the journey he was informed that the Jew was dead, but to render him some equivalent for his loss, an offer was made for him to treat five hospital patients at 1,000 marks each. He accepted the offer, and before starting homeward learned that one of the patients whom he had just treated was the supposed dead man, who had received the Professor's services for one-fifth the original fee.

**A Victim to Professional Duty.**—The *Vratch* gives the following details of the assassination of Dr. Moltchanoff at Kwalinsk, due to the troubles caused by the appearance of cholera in that city. Our confrere was about to leave for St. Petersburg to take charge of the cholera hospital. When the riots first began, in spite of the advice of his friends who implored him to leave, Moltchanoff, thinking it his duty to remain, stuck to his post. He performed his duties until the 30th of July, when the first band of rioters arrived, loudly demanding his head. They had nicknamed him as Dr. Cholera and accused him of having undertaken by a bond, in consideration of a sum of money, to poison the water supply of the city. With difficulty the doctor saved himself on horseback and took refuge in the house of a friend, where he was betrayed by the servants. The mob surrounded the house and threatened to burn it, when, to save his host, Moltchanoff gave himself up to the rioters. Three priests who interfered to save him were half killed by the crowd, who then subjected the doctor to a long martyrdom. They threw him on the pavement and stamped on him and kicked him, while the women attacked him with stones and hammers until the body was not recognizable. Even then they kept guard so that it should not be removed. The government has granted a pension to the widow and children.




## Disinfectant Mixtures.

The *Sud.Deutsch Apotheker Zeitung* gives the following (*Medical and Surgical Reporter*):

| | | PARTS. |
|---|---|---|
| 1. | Crude carbolic acid, | 50. |
| | Iron sulphate, | 25. |
| | Slaked lime, | 150. |
| | Calcium sulphate, | 750. |

English red sufficient to color. Powder and mix.

| | | |
|---|---|---|
| 2. | Oil of tar, | 50. |
| | Chalk, | 70. |
| | Dried Bran, | 80. |

M.

| | | |
|---|---|---|
| 3. | Calcium sulphate, | 15. |
| | Quicklime in powde, | 10. |
| | Magnesia, | 10. |
| | Crude carbolic acid, | 15. |
| | Infusorial earth, | 7. |

M.

| | | |
|---|---|---|
| 4. | Quicklime, | 70. |
| | Charcoal, | 10. |
| | Crude carbolic acid, | 6. |
| | Zinc chloride, | 10. |
| | Hypochlorated zinc oxide, | 5. |
| | Infusorial earth, | 5. |

Powder and mix.

| | | |
|---|---|---|
| 5. | Slaked lime, | 100. |
| | Coal tar, | 25. |

Infusorial earth sufficient to make a dry powder.

M.

| | | |
|---|---|---|
| 6. | Sulphate of iron, | 68. |
| | Plaster of Paris, | 6. |
| | Calcium sulphate, | 5. |
| | Infusorial earth, | 5. |

Powder and mix.

| | | |
|---|---|---|
| 7. | Iron sulphate, | 3. |
| | Slaked lime, | 3. |
| | Turf mold, | 4. |

M.

This is especially recommended for privy vaults.

| | | |
|---|---|---|
| 8. | Iron sulphate, | 500. |
| | Plaster of Paris, | 475. |
| | Crude carbolic acid, | 25. |

M.

| | | |
|---|---|---|
| 9. | Crude carbolic acid, | 2. |
| | Slaked lime, | 3. |
| | Turf mold, | 4. |

M.

This is the so-called Dietrich disinfecting powder.

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**Parent.**—Now remember, Johnny, ask the druggist for pulverized alum.

Johnny, at the drug store.—Gimme something for a paralyzed arm.

**Quackenbach.**—Congratulate me, old fellow! I have obtained control of a patent medicine.

Friend.—What is it good for?

Quackenbach.—Any prevailing epidemic.

**At a Trial** held some time ago in Ireland one of the jurors asked to be excused from serving on the jury. Judge.—For what reason. Juror.—My Lord, I've got the itch. Judge, to the clerk.—Scratch him out.

**First Steamer Passenger.**—I intend to take in the Isle of Wight for my health this summer.

Second Steamer Passenger.—I hope it will do you more good than the ile of cod I've been takin' in these seven summers.

**Nothing Saved.**—Rivers, lighting a weed.—First time I've been able to smoke in three days.

Banks.—Then you're a dollar ahead on cigars.

Rivers.—Yes, but (puff, puff) I'm out nearly $4 on quinine and whisky.

**Doctor,** do you consider drunkeness a disease?

I certainly do.

Well, do you think it contagious?

I should say so; if a man goes home drunk somebody catches it every time.

**Day.**—Mrs. Enpec has had the doctor every day this week; she has lost her voice.

Weeks.—Isn't her husband anxious about it?

Day.—I should say he was; working night and day to throw the doctor off the scent.

**A Learned** professor and a young lady were talking about the association of ideas as an aid to the memory. She said:

Professor, is it not strange how one thing brings up another?

Yes, an emetic generally does.

**W. C. T. U. Lady,** buying ten cents' worth of quinine.—What is quinine mostly used for?

Drug Clerk, with shocking frankness.—To take in whisky considerably, and we've got some mighty fine for a dollar a quart.

W. C. T. U. Lady faints, but a good dose of the "dollar a quart" revives her.

**The South American Transcontinental Railway,** the mountain portion of which is known as the Transandine, is making progress toward completion and only 51 miles are wanting to complete the eastern and western sections. The gap over the summit is covered by wagons and carriages, and tickets are sold through from Buenos Ayres to Valparaiso during the summer months. The great summit tunnel, 19,000 feet, is under construction from twenty-two different headings, but it will require three or four years for completion.

**The Wages of Railway Employes.**—There are about 860,000 employes in the service of the railways in the United States (*Railway Age*). An increase of wages of 30 cents a day to all employes—supposing one-half of the entire number to work on Sundays, and the other half to be paid for only 6 days in the week—would make, being $101.70 to the man a year, a total increase in payment for wages on the railways of over $87,000,000 annually. But during the year 1891 the entire amount of money paid in dividends on all the stock of all the railways of the country only amounted to $89,000,000. So that a general increase in wages of only 30 cents a day would just about wipe out the entire revenue of the railways of the United States available for dividends.

As a matter of fact the results would be even more appalling than the above statement indicates.

**South Florida Railroad.**—The following is the Chief Surgeon Frank H. Caldwell's report of the South Florida Railroad Hospital for the month ending July 31, 1892 (*Railway Age*):

Number of patients treated 163, patients discharged cured 158, patients under treatment 5, deaths 0, pay patients 2.

Classification of diseases treated.—Remittent fevers 13, intermittent fevers 20, simple continued fevers 20, typhoid fevers 6, rheumatism 2, neuralgia 3, personal injury 14, pneumonia 0, bronchitis 3, pharyngitis 1, dysentery 1, laryngitis 2, diarrhea 6, ophthalmia 0, conjunctivitis 0, acute indigestion 45, other diseases noncontagious 27, sanitary condition of section houses and depots good.

Number of cases treated by Assistant Surgeon.—Maitland 0, Orlando 0, Kissimmee 15, Bartow 9, Lakeland 7, Dade City 4, Plant City 3, Tampa 8, Inverness 2.

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# MEDICAL REVIEW.

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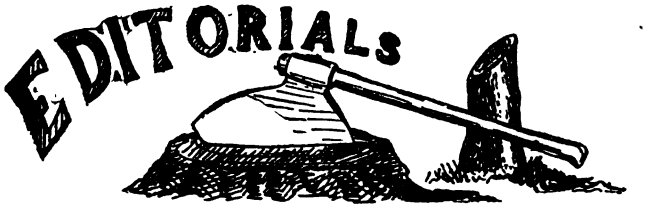


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Medical Society Programmes.

Medical societies are conceded by all to be among the best methods for educating the profession, so far as the scientific portion is concerned. The reading of papers and the discussions thereon have the effect of not only broadening the views of those who attend these meetings, but have the further advantage of eliciting new methods, of drawing out new views and of bringing out the most valuable experiences of the members. These meetings constitute a true post-graduate course whose real value can hardly be overestimated. They also serve as means to encourage medical men to better efforts in the practice of their profession. Not only this but one of the advantages accruing from this is that those who read and speak become more exact, as they always have a more or less critical audience which has had experience of an extensive or limited character in the very subjects which are brought forward. The appreciation in which these meetings are held may be judged by the attendance upon each. Moreover, we find that medical societies are continually multiplying and the number of meetings held is enormous when the total number is taken into consideration.

How can a large attendance be secured for a meeting of medical men? Evidently by acquainting them with the fact that such a meeting will be held. This is done by sending forth notices to this effect to all those members of the profession who are likely to come. But, it has been found that a simple announcement of the fact is not sufficient to attract any considerable number; there must be some inducement held out. Experience has plainly and unequivocally demonstrated that a large attendance cannot be secured unless those invited are made acquainted with what is to be done. The first step taken in this direction was to make mention of those social entertainments as would be offered by the local physicians, but even this had but small drawing properties. The method now in vogue, which has been found to be by far the most successful is the issuance of a programme of the papers to be read and of the discussions which will occur. Here we have a menu, as it were, and the recipient can easily see for himself whether it will pay to go to the meeting or not. It has occurred more than once that the title of a single paper has proven a sufficient attraction to lead a physician to the determination of attending the meeting for the sole purpose of hearing it read. Of course, there always exists a certain number who never fail to attend the meetings of certain societies, who are, in a measure, its pillars. It is chiefly through the instrumentality of these that papers are promised and furnished and that the meetings are made a success.

What we desire to speak of more particularly is the programmes issued by medical societies. These are, for the most part, deficient in several respects, the faults themselves being due to conditions engendered by physicians themselves. In the first place, we find that it is no uncommon thing by any means to find an enormous number of papers announced, a number which is out of all proportion to the time which can be utilized. The number is so large that the authors can by no possible means, all read their papers and the superfluous ones must be read by title. This is certainly anything but encouraging to those who have taken the pains to write good articles. Yet this trouble is one which owes its origin to circumstances of the past whereby it has been sought to profit. One of these is the fact that men will send the title of papers and will not be present to read

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them. This has been such a common occurrence that committees of arrangements always make an allowance for a certain percentage of these delinquents; but, unfortunately, they always overestimate the number thus giving us a mass of material which it is impossible to handle. Another factor in the production of the condition of which we have spoken above is the fact that time limitation is not strictly enforced on members. Where a rule of twenty minutes for a paper and five minutes for discussion is made, it is more often observed in the breach than in its enforcement. Time and again we have been present, when thirty minutes would have sufficed for a paper and its discussion, and instead three hours were consumed—profitably some one may say—but unfortunately such was not the fact. Such occurrences are rather depressing in their effects. They do not conduce to attract much attendance.

Another condition which we have noticed is that in which papers are announced and the authors never put in an appearance. Some have a habit of sending titles of papers to every medical convention of which they hear, but without the most remote intention of ever writing anything or of being present. It is simply a little scheme whereby cheap advertising may be obtained and whereby a reputation may be built upon wind. That this is a common occurrence any one may convince himself of by carefully retaining programmes and following the proceedings of the societies issuing them. That this course should be pursued by the committee in charge of these matters is certainly desirable. It is not that the enterprising writers *in posse* should be punished but on account of the harm such methods produce. The announcement of a title may attract several physicians to attend and it is easy to imagine their disappointment when they learn not only that no such paper will be read, but that the author is even not present.

There are other programmes which are almost as disappointing. This class comprises those which merely give a long list of titles and which do not indicate upon what days or at what sessions the several papers will be read. These are certainly disheartening to those who desire to hear certain papers for they are held like prisoners in order not to escape the reading and but too often their patience is finally rewarded by hearing the desired article "read by title." Such a state of affairs could certainly be easily remedied by those having the matter in charge. It is not difficult to apportion the papers in such a manner as to group subjects and to intersperse those which are doubtful, so far as their being read is concerned. In this manner an actual or prospective member who has but one day to spare would be enabled to spend it profitably and would, furthermore, do so whereas under different circumstances there would be no justification for such a course of action.

We have called attention to a few of these minor details in connection with the programmes of medical societies because they are of vital importance so far as the success of meetings and the prosperity of these associations are concerned. We have been the recipients of these complaints time and again and as the matter is one which could be easily remedied there is no reason why this should not be done. When societies become so large that the material contributed becomes unwieldy a division into sections should be adopted. Two sections are certainly not too many; and, with a good programme of each, properly arranged, no member need feel that he has lost as by such a method any one could attend the sections for the purpose of hearing those papers in which a particular interest was felt. On the other hand, if a proper programme is not constructed the entire affair becomes chaotic and confused. The necessity of being particular in this respect has long been felt by large medical bodies such as the International Medical Congresses and the American Medical Association. Their programmes are arranged with much care and to such a nicety that whilst there is an enormous amount of material to handle every one has an opportunity of reading his paper and of having it intelligently discussed.

It has often been a matter of surprise to us that with such examples before them, so many good societies should have overlooked the matter. The idea prevails with many that, after all, it is but a small matter at best, whereas it is really one of importance and one which is deserving of much attention as it wields quite an amount of power so far as the success of meetings is concerned.

**Alarm** is always felt in the presence of a possible danger even. The following from the Buffalo *Medical and Surgical Journal* is very pertinent: Col. Weber, the United States Commissioner of Immigration, seems to think that there is an unnecessary alarm among the people with reference to cholera. It is all very well for a non-scientific official to speak in this assuring manner, but scientists know the history of the progress of epidemics. The germ once planted will grow its deadly fruit. It is carried westward by the tide of immigration, and, unless stopped by some almost miraculous display of human judgment, will continue to travel until it expends its forces by the stamping out process of germ-destroying agents. Let no one feel too sure. These immigrants bring the germ in their clothing and on their persons, and in various ways it lurks around and about their bodies for a long period. The frost of winter may serve to stay its ravaging deadliness, but with the warmth of spring and summer it may be revived with all its direful force. To be forewarned is to be forearmed; the better way would be to prevent a single immigrant from an infected or suspicious port from setting foot on our shores for a year.

**Too Many Physicians** continues to be the cry. The National *Medical Review* says that there are too many men engaged in the practice of medicine is generally admitted. That there are none too many of those fully qualified for their work is also as generally accepted. We cannot wait for the public to be sufficiently

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educated to discriminate between competent and incompetent service. We must take the advanced ground and be the teachers ourselves. Not only the remedy, but also the hour in which the remedy itself should be applied is at hand. Instead of the scores of medical schools opening wide their doors and crying, Come, let them nearly close these entrances and hedge up the way by a careful and discriminating examination. Let the weeding begin now, and let it keep up at regular intervals throughout the college course. First, there should be an improvement in the quality of the instruction imparted; second, the standard for admission should be raised; and, third, the requirements for graduation should be far greater than at present. No school need fear for lack of patronage if it takes this advanced ground. The profession will rally to its support. Instances could be given where this has proved to be the case to a most flattering degree. Begin now to lessen the annual output of doctors, and unfair and often disgraceful means of competition will cease. Commercial methods of obtaining a business will be no more and we will be in word and deed a noble profession.

**Education** of a preliminary character is looked upon as a prerequisite to a medical education by Dr. John L. Bray, who said the following (Canad. *Med. Pract.*), among other things, in an address recently delivered by him: Prior to 1867 the matriculation examinations in all our colleges was more a matter of form than anything else, and could be passed at any time before going up for the degree. At the present time it is quite different. Now it is equal to a second-class teacher's certificate, with Latin, physics, and chemistry compulsory, or junior matriculation in arts in any university, with the science course; and the day is not far distant when it will become still higher and eventually reach a degree in arts; and can any one say that this should not be so? A physician, above all men, should be thoroughly educated, for education is a great refiner; and in what calling or profession is this quality more essential than in ours? What scenes we witness, what confidences we receive! In and out of the family circle at all hours and under all circumstances, and always batting with pain, disease, and death. And here it is that the refined physician shows the result of his early training, by soothing pain, curing or relieving disease, and sympathizing with the bereaved; and, mark my words, it is only the man who thoroughly knows his profession that in the long run reaches the top of the ladder, and who deserves and receives the gratitude of his patients and the esteem and respect of his confreres.

**Humanitarianism** or even an exalted commercial spirit has been as conspicuously absent from the German steamship companies during the present epidemic as it was during the 1881 small-pox epidemic (*Med. Stand.*). Hamburg has been ravaged by cholera because of the narrow-minded avarice of its shipping plutocracy. The epidemic was charged to the Russian refugees, but the truth is that coolies imported from the East Indies as dock laborers have been the chief causes of its spread. The city sanitary official has bowed to the dictates of the shipping plutocracy with a slavish obsequiousness which even the meanest American politician occupying a sanitary position would consider disgraceful. Cholera cases have been concealed and clear bills of health have been given to infected vessels. Hamburg was at one time so notorious for its false news that Hamburg news formed the basis of the word humbug. It continues to deserve this reputation, at least so far as its sanitary statistics is concerned. It should be regarded as an infected port for a year to come, or at least so long as it continues to import and employ East Indian coolie labor.

**Early Operation** is always necessary in cancer of the tongue according to the *University Medical Magazine*, which goes on to say that few affections are more surely fatal, if untreated, than cancer of the tongue, and it is doubtful if any are more distressing to the unfortunate victim when the disease has reached an advanced stage. The pain is intense and is increased by every motion of the tongue, as occurs in swallowing and talking. As a consequence the patient refuses to take sufficient food and starvation adds to his misery. Pain is not confined to the tongue, but the various branches of the fifth nerve sympathize, and the teeth, face and ear add to the racking pain of the tongue. Viscid offensive saliva constantly dribbles from the mouth, and in addition to all these the disagreeable odor which attends the affection is a source of constant discomfort and annoyance.

It becomes very evident, therefore, that cancer of the tongue should receive our most careful attention. The disease under consideration usually is of the epitheliomatous variety, which theoretically is the most amenable to surgical treatment. The fact is that recurrence is the rule after removal of the tongue or portions of it for cancer, and subsequent immunity the rare exception. Surgeons agree that operation gives an average prolongation of life and comfort of about six to eight months. For an affection of this nature, so accessible for observation and operative interference, this result does not speak well for surgery.

In view of these facts it must be apparent that operations are, as a rule, too long postponed to make a radical cure. Undoubtedly this is frequently due to the delay of the patient in consulting a surgeon. On the other hand, the early diagnosis is often a matter of difficulty or, perhaps impossibility, without the aid of the microscope. When it is remembered that a wart, a chronic inflammation, a persistent fissure, a syphilitic lesion, etc., may, and probably will result in epithelioma if not speedily cured, these apparently benign affections become of extreme importance, particularly do they demand close observation if the patient has reached the age of forty or more years. Constant irritation as from a carious tooth may also cause an epitheliomatous de-

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generation, and as the affection under consideration is from six to ten times more frequent in males than in females it is highly probable that the habit of tobacco smoking is responsible for a large proportion of cases.

**Medical Pronunciation** is by no means uniform, as yet. As the Maryland *Medical Journal* says, a great hindrance to the acquisition of exactness of medical pronunciation is found in the diversity of opinions which exists among scholars in regard to the sounds and accent which ought to be attached to the words of dead languages, especially of Latin. The editor has been successively trained in three methods—the English, the German and the Italian—and his pronunciation of Latin is now a mixture of the three, which gives very peculiar results sometimes. His private opinion is that the American had better stick to a method which he understands and which comes natural to him,—namely, the English—and let the foreigner make the best he can of the "American Latin."

This diversity of scholarly custom affects medical speech more than that of any other profession, because there are more Latin words used in medicine than in other like departments of human study. It is therefore unfair to judge the physician severely in regard to his manner of uttering scientific terms.

Another great cause to diversity in medical pronunciation is the change which takes place in the utterance of words of foreign origin as they become naturalized in our own language. All foreign words which are frequently used are likely to acquire English pronunciation, and even spelling. It is difficult to determine just when such a word ought to be recognized in American dress. In this matter dictionaries differ greatly. The average doctor, with his public obligations, cannot be expected to remember whether an *o* was long or short in Greek or Latin, or whether an *i* in the name of a disease is the representative of *i* or *ei* in those languages. He will probably in the long run pronounce it in the way that comes easiest to his organs of speech and sounds best to his ear, that is, according to the spirit of his own language. The doctor who completely anglicizes much-used Latin and Greek terms will simply be a little in advance of his times. The teacher of medicine, however, should know what the dictionary says, and be ready to give the reason for his accent and vowel-sounds.

**School Hours** form the subject of an article in the *Journal of the American Medical Association* which says: Among the many things of which the American people are justly proud, there is nothing that takes precedence of the public school system that is now quite general in almost, if not all, the States. In fact, the excellence of the common school is a valuable indicator of the moral and social status of any community. Hence, a belief is general, that a fair common school education for every boy and girl is the best possible preventive of vice, pauperism and crime.

With the spread of intelligence there is a consequent aggregation of people in cities and populous centers, and in the population centers the saying is trite that a disproportionate number of the leaders of enterprise, alike in commercial and professional pursuits is drawn from the men who received their early education in country schools.

The reason usually given for the country boy being able to overtake the one reared in a city, is, that he has had the benefit of unlimited out-door exercise, which has developed him into a more hardy, enduring and robust man, all of which is no doubt true and is justly a prominent factor in the case, but another, and we regard it as a most important reason for his superior physical and mental development, is that the country school boy has had the benefit of better school hours. A sleep of nine or ten hours fits him for a hearty breakfast, home chores and three hours' study, the latter interrupted by a fifteen minute recess in which to take a run and in his own way relax and stretch his nerves and muscles. So that when the clock hands point to the noon hour he is downright hungry and ready to partake of a good wholesome picnic dinner, which he has brought with him from home.

This bounteous noon repast, seasoned with the sauce of repartee, takes from fifteen to twenty minutes of what seems to him to be the very best part of the day. The remainder of this noon hour is given up to play.

**Arteriotomy for the Relief of Sudden Congestion** is highly spoken of by the New Orleans *Medical and Surgical Journal* which states that blood-letting is one of the oldest of therapeutic measures. Practiced from the remotest times, it came to be regarded, in the imperfect state of medical knowledge, as one of the most potent weapons against disease, as well as one having almost universal application. Blood-letting is a good thing; but, like many good things, it became abused, and finally fell into disrepute. Lately, however, there have been symptoms of a revival of the method of Dr. Sangrado, though in a milder form. We have read reports of a tearned medical body in Great Britain gravely discussing the benefits to be derived from phlebotomy. If the shades of any of the practitioners of long ago were hovering around, they must have yearned for the power to tell but a small part of what they knew about blood-letting and its uses to those who spoke of the practice as they would speak of some new thing.

Blood-letting is of undoubted value in certain conditions. Opening the median-basilic vein was the practice chiefly resorted to, and when we speak of general blood-letting the image of a bare arm bound with a handkerchief and with veins distended comes before our mental vision. But there is one method of blood-letting that has not received the amount of attention it deserves. We refer to arteriotomy. Some years ago nine cases of acute cerebral meningitis came under our observation at the Charity Hospital; the only cases that

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progressed favorably were those that had been bled freely (phlebotomy). Subsequently a case came under our notice which required a more rapid abstraction of blood than phlebotomy could secure, and arteriotomy was resorted to.

**Autopsy in Case of Broken Neck.**—Dr. Edward O. Otis details the case of a seventeen-year-old student who "broke his neck" in a gymnasium and died on the sixth day (Boston *Medical and Surgical Journal*). An examination was made of the spine in the cervical region, nine or ten hours after death, Drs. W. T. Bull, of New York, Symington, of Santa Fe, New Mexico, Perry and Nute, Exeter, N. Y., being present. The space between the atlas and atloid seemed to be unusually wide, but the ligaments were not torn. Neither did there appear to be any rupture of the various ligaments anywhere in the part of the spinal column examined. A fracture of the lamina of the fifth or sixth cervical vertebræ was found, but no displacement. Neither was there a dislocation anywhere. On opening the spinal canal over the seat of fracture the dura was moderately injected and the spinal cord was found to be soft and diffluent. The bodies of the vertebræ were in place. If a dislocation or displacement occurred at the time of the accident it is probable that it immediately righted itself. The cord, however, was probably crushed and irretrievably damaged at the moment of the accident, remembering that the paralysis was immediate. In the light of the autopsy no operation could have accomplished anything, thus verifying Moullin's statement that "in cases of fracture by indirect violence, the operation of trephining offers little or no hope. It is probable that in the majority of cases the cord is only subjected to momentary compression, but yet it is so reduced to a pulp that recovery of function very rarely follows."

Such a case as this, however, is a most trying and unpleasant one for the surgeon, for, as Dr. Gay remarked, his inclination is to attempt some operative interference, but his judgment opposes it. The length of time the patient survived such an injury is remarkable and unusual I think. Operation in case of injury of the spine has been recommended since the time of Ambrose Pare, and has been not infrequently done in suitable cases, not, however, with great success. I will only refer the reader to the most exhaustive review and discussion of the subject I am aware of by Dr. J. William White, in a paper read before the American Surgical Association, last September, in Washington, and published as a reprint from the *Therapeutic Gazette*, of Oct. 15, 1891. In the *American Journal of the Medical Sciences* for April, 1892, p. 395, Church and Eisendrath, of Chicago, report cases of spinal cord surgery.

**Now** is the time to subscribe for the Weekly Medical Review

**Treatment of Chronic Myelitis.**—The following is the experience of Dr. Joseph Collins who says (*Post-Graduate*) that hydrotherapy offers, perhaps, as good results in the treatment of this disease as any other measures. We have no more potent factor in stimulating vascular tonicity, when properly applied, than water. In the early stages of the disease, when the degeneration is at its beginning, it seems a physiological deduction to say that cold water, applied by means of a graduated spray, needle bath, or perhaps a modification of the Scottish douche, may so act upon the circulation in the cord as to, in a measure, prevent or counteract the degeneration. Something may also be said in favor of counter irritation to the back at about the seat of the lesion; it is doubtful, however, if the effects are more than transitory, but especiallly does it seem to do good when sensory symptoms, such as pain, are preventing the patient from getting the necessary amount of rest. It is in this way also that bathing with a solution of red pepper, or packs of brine to the back, are sometimes of use. The administration of such drugs as ergot, which was at one time so highly recommended on the grounds that the lesion was inflammatory in character and would so contract the blood vessels and diminish the hyperemia, cannot be otherwise than harmful. Iron, mercury, quinine, phosphorus, etc., only do good, if at all, by enriching the blood and preventing the retrograde process in the cord. In cases where there is a marked proclivity to muscular degeneration and wasting, the administration of strychnine in full doses may be productive of some good. Of the use of electricity but little need be said; its use is but symptomatic, and in the shape of the faradic wire brush it is remedial when the paresthesiæ are troublesome; and the same may be said of static electricity, the patients often assuring us they feel better after being treated to a sitting. Central galvanization will be disappointing. Moral factors in the treatment of this disease, as they do in all chronic diseases, enter as important elements in the management of our cases. It is indispensable to keep the mind in a content and hopeful frame, as contributing to making both the patient and his physician happy.

**Phimosis and Circumcision.**—Dr. Horace G. Wetherill states (*Univ. Med. Mag.*) that his observations, experience and mature deliberation have led him to conclude in reference to this matter:

1. That each male child should be examined at birth for obstructive phimosis when we examine for imperforate anus.

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2. That the prepuce should be retracted fully, and all adhesions to the glans broken up, all smegma be removed, and the nurse be instructed to retract, wash and anoint the parts daily for two weeks and once each week thereafter.

3. That a long and redundant foreskin, though freely retractable, may be a cause of local and reflex disease, may occasion, or at least exaggerate, an undue sexual appetite, and so predispose to masturbation, sexual excesses, and ultimately to venereal diseases.

4. That such cases should be circumcised, as should the cases where the foreskin is not retractable.

5. That routine circumcision of all male infants is to be condemned. That the prepuce plays an important part in the human economy, and should not be amputated except for good and sufficient reasons.

6. The unhappy experience of the fatal case cited demonstrates that this little operation may be attended by grave dangers, and should be undertaken with this risk in view and only after we are assured that the parents' families are not bleeders.

7. That infants may endure a copious hemorrhage far better than we have heretofore supposed.

**Complicated Dislocation of Elbow.**—Dr. Francis D. Merchant says (*Med. News*): The case herewith reported is rather unique, both as to the lesion itself and as to the speedy recovery, taking into consideration the gravity of the injury.

I was called to see Esmerigildo Gonzalez, 13 years old. About two hours previously he had, while on his way to school, climbed a tree for fruit. Losing his hold he had fallen about twenty feet, striking upon bis left arm. Upon visiting him I found his arm wrapped in a dirty rag, the removal of which disclosed an upward and backward dislocation of both radius and ulna, a wound in the cutaneous structures in front of the joint, through which protruded for a distance of about two and a half inches the lower extremity of the humerus, including both of the condyles. The wound had apparently been caused by the transmission of the force of the blow through the osseous structures. The anterior, internal lateral and external lateral ligaments were ruptured, as also were the biceps and brachialis anticus muscles close to their attachments. It was not possible to detect any fracture. There was also a simple dislocation at the radio-ulnar carpal articulation.

Administering chloroform, "saddle-bag" antisepsis was resorted to, and the reduction at the elbow was effected in the following manner: The thumb of the left hand of the operator was placed against the lower extremity of the humerus, the fingers of the same hand being used to steady that bone, while the forearm was extended with the other hand and the humerus pushed upward and backward, both movements being effected at the same time. In this way the reduction was very speedily effected. The wound was dressed antiseptically. The reduction of the dislocation at the wrist was next effected and the arm was placed in the semi-flexed position, no splints being used on account of the extreme heat.

There was a little swelling of the ruptured muscles, but no inflammation of the joint and no appreciable rise of temperature. The wound was dressed daily for five days as a precautionary measure; then every third day with a solution of mercuric chloride and mercuric chloride gauze. There was no suppuration whatever. In twenty days the wound was healed, and soon after, all the movements of the joint, with the exception of extreme flexion, were restored.

**Canine Madness.**—Mr. James Law makes the following statement (*Sanitarian*): As we erroneously attach the idea of glanders among domestic animals to the horse only, so we connect the idea of rabies—hydrophobia of man—with the dog. Not man alone, however, but all domestic animals contract this disease when inoculated with the mad dog's tooth, and in all alike the carcass becomes infectious. I must add that the disease does not always present itself in the violent or delirious form, but that in a certain number the apathetic or paralytic symptoms predominate from the first, and in the absence of an intelligent inspection the meat of such an animal may be thrown upon the market and may fatally infect those that partake of it. That this disease can be prevented by inoculation with the toxines has been shown by the admirable work of Pasteur; yet the enthusiastic application of his method to the as yet sound animal is not without its drawbacks and dangers, unless the animal so inoculated is carefully secluded from others for a length of time. It is a notorious fact that where such inoculations have been most extensively adopted rabies has been unusually prevalent in animals, a circumstance that calls for intelligent supervision of our meat-products in this direction.

**Posture During Defecation.**—Dr. E. M. Hale says (*Jour. Orifl. Surg.*): The right position during defecation is the natural one, namely: squatting, with the knees against the chest, and the chin resting on the knees. No other position was ever intended. The anatomy of the rectum makes this imperative. As is well known, the lower portion of the rectum curves forward just as the vagina does. The mechanism of defecation is singularly like that of labor. When the head of the fecal mass descends, it presses on the posterior portion of the rectum, distending the sulcus behind the anus, just as the head of a child wonld if the mother were confined in a squatting position. Now the position which faulty water-closet arrangements make civilized people assume, is the very one which most increases the difficulty of defecation and causes constipation. At first the seat was ten or twelve inches high, but the height has been increased until it is higher than the length from the sole of the foot to the knee. This position is not only unnatural but is most uncomfortable. He believes this position is to blame for many rectal and uterine diseases and displacements. The expulsive ef-

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forts made in this position are not made in the line of least resittance, and consequently some tissue must suffer, and contracted sphincters be greatly aggravated. This is why fissures are more common at the posterior border of the anus.

The proper arrangements in the water-closet should be this. The bowl should be small, not over eight inches wide and sunk in the floor; this would allow the natural position to be assumed. A semicircular railing could be placed behind the bowl to protect the clothing. If there must be a seat it should not be raised above the floor more than six inches, and should slope from the front.

If defecation could always be effected in the natural positions in public water-closets, the danger of contracting infectious diseases would be nil.

**Reclus-Dawson Technique for Tracheotomy.**—Dr. Thomas H. Manley combines Reclus' hypodermic injections of cocaine with Dr. W. W. Dawson's hemostatic method in operations for tracheotomy (*Jour. Am. Med. Ass'n.*). He says, that it is an enormous gain to be able to annul sensation without prolonging anesthesia in those cases of extreme stenosis of the larynx in which ether or chloroform is administered with both difficulty and danger; and, besides necessitating the presence of two or more assistants. Cocaine is a powerful styptic as well as an analgesic. By combining Dawson's operation of securing all the vessels as we sink into the deep tissues of the neck, the denuded tracheal rings are exposed and divided without a drop of blood entering the windpipe.

This method he claims when its details are fully carried out strips one of the most dangerous operations in surgery of all its former terrors and renders it possible for the operator in an emergency to proceed alone without haste or embarrassing complications which are so common in pulmonary anesthesia.

**Penetrating Wounds of Bladder.**—Dr. Jas. H. Dunn says (N. W. *Lancet*) that penetrating wounds of the bladder, particularly such as involve the peritoneal coat are almost always complicated by other serious injuries to neighboring viscera, and the treatment so far as this viscus is concerned involves no principles other than those applicable to cases of vesical rupture, ulcerations and perforations. In rupture of the bladder the rent is commonly found on the posterior surface midway between the summit and base, and prompt laparotomy with Lambert suture is admittedly the only treatment worthy of consideration. But whether the teaching of McCormick, Treves and others who condemn any further interference either by perineal drainage or retained catheter is to be regarded as final or not may seem doubtful. There can be no doubt that when the suture is perfect and healing without accident results, no other precautions are necessary. However, if it can be shown that an additional safeguard is placed between the almost necessary fatality of a defect by so slight an operation as the simplest form of boutonniere drainage, surely the man who prefers prudence to pride in demonstrating his capacity with the needle will not fail to use it. This question would seem to resolve itself into this: Is the necessary perineal tube by its irritation capable of interfering with the best course of the bladder suture? In the large and fairly healthy bladders such as are most liable to rupture it would seem not; and unless experience shows the contrary, I should think the patient should be given the benefit of this apparent additional security. Indeed, it is claimed that intraperitoneal rupture of this viscus has been successfully managed by a tied-in catheter alone.

In ruptures and perforations of the neck of the bladder and urethra posterior to the cut-off muscle, the course appears to be clear as daylight; for though persons often do escape from such accidents with their lives though in a more or less badly crippled condition, in immediate perineal cystotomy lies the surest rescue from death, from the suffering of urinary infiltration, and from the most troublesome forms of stricture with its lifelong burdens and ultimate dangers.

**Case of Hydatid of the Brain.**—Mr Ll. Davenport Parry, of Young, reports the following (Australasian *Med. Gaz.*): On June 14, 1892, I was asked by Dr. W. Finlay to see in consultation with him a case in which he diagnosed hydatid of the brain. I found the patient to be a boy, aged 9 years, with bright, intelligent countenance, a generally healthy appearance, and of normal development, except that the lower limbs appeared rather wasted.

History.—About eight months ago he began to complain of occasional dimness of vision, giddiness and headache. Gradually the headaches became more severe, were paroxysmal in character, and were referred to the frontal and apical regions, and he frequently vomited his food. About two months ago hemiplegia appeared, and the boy became totally blind about the same time.

Clinical Examination.—The respiratory system normal. Heart sounds healthy, but intermittent. Appetite good, but the food frequently vomited and bowels obstinately costive; patellar reflexes present, but diminished; no ankle clonus; the pupils dilated widely, and insensible to light. Ophthalmoscopic examination showed both discs atrophied, with veins enlarged and arteries contracted; complete hemiplegia and partial paralysis of left arm. After the scalp had been shaved no softening nor bulging was found, but there was a peculiar hollow note on percussion over the upper part of the Rolandic area, one and a half inches to the right of the median line.

Post-mortem.—The parents having kindly given their consent, Dr. Finlay and myself made a post-mortem examination about thirty hours after death. From this we found that the cyst had occupied the medullary center of the right hemispere. The opening was in the posterior part of the ascending frontal convolution, and both that and the ascending parietal convolution were

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considerably thinned. The cavity formerly occupied by the cyst had not properly contracted, but was partly filled with cerebro-spinal fluid of a yellowish white appearance as if it contained debris of softened cerebral tissue, but was perfectly free from odor. The rest of the brain and other organs were normal.

**Therapeutics of Cholera.**—The doctor's duty during an epidemic of cholera, to the community, is to preach the doctrine of cleanliness (*Prescription*), not only personal cleanliness, but the cleanliness of the urban as well as the suburban environment. Clean streets, destroy cess-pools, good drainage, pure drinking water, healthy, plain food well cooked, small amount of stimulants and personal cleanliness, do much to stop an attack and abate the virulence of an epidemic. As for medicine stimulants, brandy and whisky, heat and friction over the bowels and extremities are valuable. The old fashioned mixture of:

℞ Tr. camphor,
Tr. capsicum,
Tr. rhei,
Tr. opii, - - - aa ℥ss.

A teaspoonful in a little hot water repeated every hour or oftener if necessary, till reaction takes place, is as good as any.

In Hamburg where the disease has been so prevalent, heat to the abdomen, the intra-peritoneal injection of warm salt water, 1 part to 7000, and injection into the veins, has proved successful. While the remedy most used internally, was tr. opii camph. given frequently and in large doses, combined into a saturated solution of tannin of which a large quantity is given; two or three quarts of this is given in twenty-four hours in some cases.

**Treatment of Vomiting.**—Dr. H. B. Lowry says (Kansas City *Med. Index*) that for vomiting, arising from various causes, but especially that of gastritis, pregnancy and phthisis, the remedy par excellence, the action of which, when all others have failed, is indeed most gratifying, is tincture of iodine, ten drops to be taken in water, in divided doses after meals. In all the graver lesions of the stomach, such as dilatation, gastric ulcer, cancer, etc., there is much minutia in the treatment, as regards diet, drugs, their methods of administration, and the position the patient should assume under certain conditions, to which the conscientious practitioner must give due diligence. He also calls attention to the discussion that has been going on of late in regard to internal antisepsis, the opinion of the German physicians being that it is very doubtful whether antiseptics given by the mouth ever reached the intestine; they are probably absorbed in the stomach; however, calomel given with this view, where the trouble was not serious, has been thought to be beneficial. In several severe cases of dysentery in a London hospital, after utter failure with the use of opium, lead, ipecacuanha and bismuth, there was tried an enema of alum—half an ounce to the pint of water, twice daily, and in each instance complete recovery resulted. In one instance the disease had been of many years' standing, but the result was equally gratifying.

**Spermine.**—According to Dr. H. F. Meyer (Pacific *Med. Jour.*), spermine belongs to the class of bodies designated by physiological chemists as leucomaines, products of metamorphosis in the living being, bearing a pronounced relation to health and disease. It diminishes significantly in quantity, when vitality is lowered, in the impoverishment of old age, and very noticeably in certain diseased processes; thus, we find it present in the sputum of emphysema, in the bronchial discharges of acute bronchitis, and in the excretions of tuberculosis and many other chronic and wasting diseases.

It exerts a decided influence upon the health, activity and longevity of the blood corpuscles themselves, particularly the leucocytes. Compounds similar in chemical structure and significance are present in the tissues and circulation of all animals.

Under the name of "Charcot-Neumann Crystals," spermine has long been known to investigators, though it is only during the past few years that its physiological and pathological importance has been recognized. These crystals have been found cropping out on the surface of anatomical specimens which have been preserved in alcohol.

Spermine exists in a proportionately remarkable extent in the brain and marrow of human bones, as well in the glandular fabric of the procreative organs and their peculiar secretions.

In many diseased conditions, or where vitality is impaired, the replacement of this evidently necessary element is attended with a heightening of all the vital functions, physical as well as mental.

**Vaginal Oophorectomy.**—According to Dr. Henry T. Byford (Chicago *Med. Recorder*), there are a few things to be taken into consideration in deciding as to the propriety of the vaginal method.

1. Is there space enough in the vagina? I have removed the uterus from virgins who had passed the menopause, and diseased and adherent appendages from virgins of various ages, yet have been obliged to resort to vulval incisions about the vaginal entrance in only one case, moderate, rapid dilatation having been sufficient in the others.

2. Can the diseased parts be reached? In cases without recognizable adhesions I decide this by the position and mobility of the uterus. When the uterus is retroverted, or the cervix can be pulled forward and the fundus easily forced down into the cul-de-sac of Douglas, I feel quite sure that the ovaries can be pulled down in the vagina and be safely removed. When the cervix is held far back, the fundus forward, and the latter cannot be readily forced down into the cul-de-sac, I prefer the ventral incision as the most direct route.

3. Is there danger of wounding adherent intestines in

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the dark? If the uterus be partly or completely retroverted, and the appendages adherent to the sacro uterine ligaments, or to the broad ligaments down near the cervix, there will seldom be trouble from intestinal adhesions. But if the fundus uteri be high up in the pelvis and the organs be adherent high up on the broad ligaments, so that the cervix projects far below them, or if they are adherent to the sides of the pelvis and far removed from the cervix, they had better be approached from above. They will be difficult to reach from below; firm intestinal adhesions may be present; it may not be possible to get the pedicle down into the vagina; and the field of the operation, even after the parts are removed, may require attention that we cannot give.

**Intra-Uterine Tamponade with Iodoform Gauze.**—This method of controlling uterine hemorrhages, first introduced by Duehrssen, was lately put into practice by Docent Dr. Doederlein, of Leipsic, in seven cases of hemorrhage (*Med. Press and Circ.*). The cases as Doederlein reports were complicated. Three times manual separation of the placenta was called for, one case was that of a rachitic, I-para, aged 44. In all these cases the hemorrhage was arrested with astonishing certainty by tamponade whether arising from atony of the uterus or from lacerations. The method was of particular service in the case of a X-para, a subject of hemophilia, who had always had dangerous hemorrhage on separation of the placenta. Knowing the case, Doederlein lost no time, but immediately tamponaded the uterus with iodoform gauze. No sooner was the gauze introduced than the uterus contracted, and not a drop of blood was lost. The writer is of the opinion that since tamponade of the uterus has shown itself so reliable, the so much dreaded employment of perchloride of iron must soon become obsolete.

**Aristol.**—The following is taken from a paper entitled "Newer Drugs in Dermatological Practice," by Dr. Charles W. Allen (*Med. Rec.*):

Since I made a report on the use of Aristol in skin diseases at the meeting of the American Dermatological Association, in September, 1890, I have continued to employ it in a variety of affections, and find it of decided benefit in all cases where a granulation stimulant and cicatrizing agent is required. Its value probably depends upon its richness in iodine, containiug as it does something like forty-five per cent. It has the advantage over the newer dermatol in being soluble in oils, ether, and alcohol, though only slightly so in the latter.

At the out-door department of Bellevue I have used Aristol extensively in the treatment of chancroid, and, contrary to the experience of others, and the statements frequently made that it is of no great value in this condition, I must record my experience in favor of it. In lupus, psoriasis, and epithelioma, the action, while it cannot be said to be curative, is highly beneficial. It will remove the lesions of psoriasis, but it does not do the work as quickly and thoroughly as does chrysarobin. I do not believe that a case of epithelioma has been or will be cured by Aristol. It may cause cicatrization of of an ulcerating cancer, but the disease will still be present. At the last meeting of the Americal Medical Association, in discussing Aristol Dr. Keller said: "In epithelioma I am convinced its action is admirably curative, often seeming to cure it rapidly and completely." Now, I am afraid snch statements are misleading. The drug does just what Dr. Keller says, it seems to cure. If he or anyone else can state instances of permanent cure of epithelioma, I should be much pleased to know it. I have used Aristol extensively in epithelioma, but only in the hope of causing cicatrization in cases gone beyond the operative period, and to cause healing of the wound after operation in the other class of cases. I have only words of praise to use for the drug in this sense, but as a cure for cancer I am unfamiliar with it. The same may be said of lupus. Ringworm, eczema marginatum, ulcers, erysipelas, have all appeared to be influenced favorably by Aristol dressings. As an application to mucous membranes, as in the nose, it has given good results, and several cases of syphilis of the nose and ozena have been much benefitted. It is my usual dressing for most of the open lesions of relapsing periods of syphilis. As it is insoluble, wherever a penetrating action is desired, instead of a simple superficial coating of powder, an oily or ethereal solution or ointment should be used.

**Antiseptics and Disinfectants.**—The prevention of disease is the unselfish mission of the modern physician. Antiseptics and disinfectants to-day occupy the first place in medical and surgical practice. Dilute solutions of acids have been strongly commended as preventive of cholera. The liquid Acid Phosphate is an efficient agent in securing the desired condition of acidity.

Copper Arsenite Tablet Triturates, $^1/_{100}$ and $^1/_{5000}$ grain, have been extensively and successfully used in dysentery and diarrheal disorders and are indicated in cholera, both for specific action in controlling intestinal secretion and for relieving the profound anemia.

Eucalyptus and Thymol Antiseptic is adapted for use as an antiseptic internally, externally, hypodermically, as a douche, a spray, by atomization, and as a deodorant. Its application in surgery is unlimited. It is an excellent dressing for wounds. It combines the antiseptic virtues of benzoic acid, boric acid, oil of peppermint, oil eucalyptus, oil wintergreen, oil thyme and thymol.

Tablets of Yellow Oxide of Mercury, containing two hundredths of a grain of the oxide, are a valuable prophylactic against dysentery and enteric fever.

Ethereal Antiseptic Soap is a valuable adjunct to the armamentarium of the physician and surgeon. Mercuric Chloride can be dissolved in it in ordinary proportions.

Parke, Davis & Co. will be pleased to forward, on request, any information desired concerning these products.

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## New Orleans Letter.

Editor MEDICAL REVIEW.—

STRAY REFLECTIONS ON LOCAL AFFAIRS IN THE MEDICAL TRADE.—"Only a few of us are left," and we rejoice with others of our class wheresoever they may be that the cholera has been nipped in the bud so far as this year is concerned. A cholera epidemic is no trivial matter to face, and the many thousands of gentlemen, who affix M.D. to their names would have discovered that Trousseau's axiom in gilt letters over the portals of Salle Ste. Marthe Hotel Dieu at Paris, literally transposed into American—"The history of a disease is equal to having its treatment," is a dead to right assertion. Judging from the ethical (?) opinions of physicians aired in the daily press, incorporating prescriptions for treatment, every manjack of them knows all about cholera, though it has been decades of years since a case has been seen even in the great centers of America Judging from the profession here, about 5 per cent of whom may have some right in saying they had seen cholera cases, the country would have few really competent doctors at the service of humanity so affected. Yet we, all of *we* know all about it. "What fools these mortals (who are not doctors) be!"

The summer flitters are home again, and sickness has again commenced—it's fashionable to be ill at intervals.

Changing offices or returning home from vacation tours gives doctors a neat opportunity for "puffs"—free at that. Puff, puff.

The effort to cleanse New Orleans proved successful. What the balmy breezes did not blow, or summer showers wash away, was carted to the garbage piles.

Everything is ready for the opening of the Medical Department of Tulane University. A large class is expected.

The improvements at the Charity Hospital are progressing in the builing line.

The Harnan ordinance to regulate the social evil aroused good geople, the ladies meeting en masse, and his Honor, Mayor Fitzpatrick, vetoed it, regardless of the fact that a future member of his family was to have profitted by it. Dr. Harnan at the last moment wrote a letter to the press expressing the candid opinion that the move was in the interest of science—not for the millions in it. Of course it was an error of judgement—that ordinance.

Dr. Shrady, of the New York *Medical Record*, is inclined to think seriously of our preventive advice in the event of cholera coming here—"Keep your bowels open and trust in God." If he and other doctors would stick to this principle in the treatment of the major diseases "man is heir to," death certificates would be issued at rare intervals. Shrady, M.D., A.M. doen't seem to appreciate good advice sententiously given. He is too scientific. [We are not responsible for this compliment. ED. REVIEW.

Dr. Jos. Holt has been elected President of a Sewerage Co. The right man in the right place.

Dr. Loeber, an eminent physician of this city has been ill lately, but is now convalescing.

As calculated, Wyman, Surgeon-General of the U. S. Marine Hospital seems to be a good bureau official, but woefully deficient as a manager. Hamilton had to take the cholera in hand. So far, so good. Now, when the scare is over or requiems finished over the countless millions that will go if an epidemic comes, let the sensible congressmen and State officials lay their heads together and legislate into life a National Board, to succeed all red tape and rot of existing conditions. We rise to nominate Dr. Jos. Holt, of New Orleans, as the head of the only sensible move that is in order. Any number of Sanitarians(?) and Board of Health officials crept to greatness by means of his talents and suggestions and for which he has received no credit and much covert abuse. Holt should be the man.

If the cholera has no more damaging effect upon New Orleans than the effort to give it a thorough cleaning, the scare will yield good fruits. It is sad, however, to meditate upon the fact that an old and great corporation like New Orleans lies year after year in filth that would delight the liver of the most thorough Constantinopleian, and whenever a calamity is at hand, some four hundred of our citizens have to put up the "Simolians" to pay the tribute to the scavengers, while the city officials whine out the old, old story, "We have no money in the treasury."

Another distinguished Orleanian, ethical, of course, has, after a course abroad, through and around Vienna, bounded suddenly into prominence here by airing his opinion in a 20 cents a line half column local notice of a mineral water. The Professors do not regard it as irregular, but several young M.D.'s who could have had the case are looking about for a hybrid to be thoroughly kicked, because Dr. Scherck got in his work most slickly.

The experts (?) selected by Dr. Olliphant to board incoming trains and chase cholera bugs, had a short period of existence. Inspectors are a thing of the past.

The bicepital, extensor and flexor demonstration before the Olympic Club early in the past month is now a matter of history. The results are of no benefit to our people who, if anything, could have done better with the money wagered if they had invested it in a scheme for the benefit of improving sewerage. It would not be a bad idea for the City Fathers to lease the Club and get up a series of contests for the benefit of the ever depleted city treasury. We can't work the Lottery any more, so let us utilize the ring.

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Dr. Joe Scott is no betting man, but he shouted for Corbett every time Sully was punched.

President of the State Board of Health, Dr. Olliphant, in addition to his arduous (?) duties, assumes the function of Medical Censor, any way for New Orleans. Lately, a Dr. Finney, on duty as Inspector at a Carib port requested to be relieved. Dr. Olliphant, in commenting upon the fact, said to a reporter of a daily paper that he could not find a doctor in New Orleans competent to take Finney's place. What is the matter with Joe Jones, Jos. Holt, the Schupperts, the Lewises, Chaillie, Lehman, Levy and others, who made a reputation, some before Olliphant was born, others before politics brought him before the public and gave him a notoriety—attached to the job alone.

MEDIDO VIEJO.

## San Francisco Letter.

Editor MEDICAL REVIEW.—Our State Board of Examiners at its last regular meeting put itself upon record and established a precedent by refusing to grant a lic ence to practice medicine to a graduate of a two-years college. It has long been the habit of students in the medical colleges here, when they could not pass examinations, or when in a hurry to go to some Eastern school and return in a few months with diplomas, upon which heretofore licenses have been granted. We have known several cases of this kind; one in particular who matriculated at the University of California in June, 1888. He left in the early part of October, getting credit for the full term, and went to a certain college in Missouri, returning the following March, having graduated with high honors, secured a license and commenced practice. He was regularly delivered, "cheek presentation," full term, healthy doctor in nine months, ere his classmates had commenced their second term. His success has since led a score to attempt the same route to eminence. Of course the action of the Board has put an end to this quick line, and the latest M.D. is mourning the loss of his time and shekels. Apropos of the young man who can get no license, a druggist of this city tells this story: A prescription came to his store shortly after the return of the doctor from the East, which called for:

℞ Iron filings, - - - - - - ℥j.

M. Ft. pills as big as a nut.

Sig. Dissolve in a quart of water and drink every day. Dr. M.

This is a fact!

The Homeopathic Board of Examiners has been under treatment for lack of courage in the matter of their licentiates, who have been practicing Christian Science. After a few doses of high potency of "California Tramp," the Board has got "sand" enough to revoke the license of a Dr. Fluno, of Oakland, so that he will no longer have any right to sign death certificates, and the Coroner will be able to investigate cases who die in spite of Dr. Fluno's protestations that the "disease is imaginary."

The County Hospital is again under a new head. Dr. Lefevre, the Superintendent, has resigned, under pressure, and will now have time solely to devote himself to his patent medicine. Dr. Titus, late of St. Luke's Hospital, has received the appointment. Dr. Titus has many superb qualifications for his new position, not the least of which is the fact that the office was once held with great success by his father. Another case of "Grandfather's Hat."

There has been a proposition afoot of late to unite the two medical colleges of this city. The Toland College which has been for nineteen years an integral part of the State University is making strenuous efforts to annex the Cooper College. Combined, these instutions would make the finest college on the continent. There is really room but for one good Medical College in this city, and there is no doubt that the rivalry which has always existed between the two colleges has impaired the efficiency of both, so that the fusion will be to the advantage of both, and it is proposed, in case the union takes, to dispose of the present buildings and erect a structure equipped to surpass anything of the kind in America. It would unite Toland, Cooper and the Polyclinic in a firm phalanx, which could accomplish legislation that would stamp out some of the quackery and put the profession on a better footing on this coast.

I am pleased to notice that a correspondent from Jackson, California, calls attention to the low rates paid by beneficiary societies to physicians, but the fees spoken of by Dr. Hutchings would be considered high in San Francisco. Two dollars a year per member is the regular thing in this city, and the biggest men here are not ashamed to be in it, and descend to the lowest chicanery to get the society. In fact, I heard of a case within a week in which a member of the "Board of Censors" offered to treat the children of members of a society free if they would elect him their physician, and then distributed ballots with his name written for the members to vote it. Needless to say he secured the lodge. We understand now how the Board of Censors reported so favorably at the Ethical trial some few weeks ago.

Dr. Sundberg, Editor of the Pacific *Medical Journal*, has been appointed Consul to Bagdad, and San Francisco has lost a brave and conscientious physician.

S. J. H.

**Antipyrine in Epistaxis.**—Dr. E. G. West Boston, Mass., says that he has yet to find an agent so reliable in epistaxis or nose-bleed as antipyrine. It is his custom when a case of unusual violence occurs to saturate a pledget of cotton in a solution of antipyrine or in the dry powder and introduce it into the nostril. It stopped the bleeding in every instance that he applied it. The patient by this methad is relieved of the disagreeable tarry clots formed by the solutions of iron so commonly used for this purpose. He finds antipyrine is an antiseptic that can be relied on, but he has learned to use it in smaller doses than formerly, and by so doing he can acquire the same results.

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**Congenital Inguinal Hernia in Females.**—Dr. Paul Berger in a paper read before the Societe de Chirurgie (Brooklyn *Med. Jour.*), on the basis of two observations, stated the following points as symptoms of congenital origin of inguinal herniæ in females, consequent to missing or complete closure of Nuck's canal:

1. The existence of smooth fibers of muscles in the hernial sac, representing a continuous layer, corresponding to the tissue of dartos.

2. The great abundance of vessels in the sac, continuous with those passing out of the inguinal canal and following the round ligament.

3. The existence of incomplete septa that pass into the cavity of the hernial sac in the shape of diaphragms, semilunar folds, or valves.

4. The existence of a complete septum separating the peripheral portion as a closed cyst.

5. Finally, and especially the very solid connection of the thin serous wall of the sac with the round ligament which it (the sac) accompanies as the vaginal process of peritoneum does the spermatic cord in the male.

The communication, besides, contained one of the rare cases of interstitial inguinal herniæ in females.

**Scarlatina in Nursing Mother.**—Dr. F. B. Earle said to the Chicago Pathological Society (Chicago *Clin. Rev.*): The first two cases I wish to present are those of scarlet fever in ladies each nursing a baby three months old.

The disease was typical but moderate. I did not know exactly what course to advise regarding nursing, but decided to let the babies continue on the mother's milk. Neither contracted the disease or manifested any ill effects, except a slight intestinal disturbance lasting a few days.

The third case was one of typhoid fever, under my care in July of this year. The lady was twenty-four years old and was sick six weeks. Her temperature ranged from 104 to 104.5 degrees for several days. I permitted her to nurse her baby through the entire course of the disease and I don't know that I ever saw a baby thrive better than that one did. It had a little diarrhea for a few days but beyond that there was absolutely no trouble.

What I would ask about this class of cases is whether it is a good thing for ladies to nurse their babies through infectious diseases, or continued fevers? I would like to know the custom of gentlemen of more extended experience. Is there any temporary bad effect upon the child?

**Dr. Jno. D. Earns,** a prominent young physician of Wesson, Miss., not long since died of consumption in that city.

**Dr. D. L. Phares,** of Madison Station, Miss., one of the most respectful citizens of the county, and one of the ablest educators in the State of Mississippi, died not long since at his home.

**The Highest Legal Tribunal in Germany** has decided that legal human life does not begin in the fetus until labor has set in, and that its destruction before full term is not murder. This is progressive retrogression.

**Dr. S. Neumann,** of Berlin, recently celebrated his fiftieth jubilee as a medical practitioner. He is particularly distinguished for his statistical work as well as the influence he exerted in the sewering of Berlin, as well as in the construction of its hospitals and asylums.

**Signs of a Collapse.**—According to a cotemporary, the *Medical Standard* says that the decrease in inebriates at Dwight, Ill., has been such of late that hotels and boarding-houses have been closed. The proprietors are loud in their denunciation of Keeley because he persuaded them to believe that the Keeley-cure "boom" would be a permanent one, and so they put their money into the construction of buildings which have already lost their value.

**National Quarantine.**—Dr. A. N. Bell says (*Jour. Am. Med. Ass'n*) that the need of a national legislation for the protection of human life is based upon the knowledge of the transmissibility of epidemic diseases by commerce. This need obtains to a larger degree for the United States than for any other country in the world, because while the States severally have many inherent rights and obligations of their own, and among those rights certainly that of self protection against dangers to human life, the nation alone has the power to regulate commerce; and because, related to this commerce, the United States greatly exceeds any other country in the world as the collective center of all nationalities and habits of life, more or less at variance with the conditions promotive of or in conflict with their own health or of the public health in this country.

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**Dr. Senn** in a recent clinical lecture expressed himself as being satisfied that catgut is the only suture necessary to approximate and maintain any fracture of the patella until union has taken place.

**The Tri-State Medical Society** of Georgia, Alabama and Tennessee will hold its fourth annual meeting at Chattanooga, Tenn., October 25-27, next. A large meeting is promised and the program is an interesting one.

**Tried it on the Cat.**—A story comes from a Connecticut town (*Med. Bull.*) that, a physician in attendance on an old lady being rather youthful, other old ladies were suspicious of his prescription, and concluded to try a dose of it on the cat. It so happened that the medicine contained strychnine, in proper dose for an old lady, but in too large a dose for a cat, that animal being, it is said, particularly sensitive to the drug. The unfortunate cat died, and the state of mind of the patient and her friends can be imagined. When the doctor called again he tried to explain, but finally gave up and fled.

**State Board Examinations.**—At a meeting of the State Board of Medical Examiners of Washington, one of the Board a "physiomedic," so called, was the propounder of a list of questions on "Preventive medicine" (*Med. News*). Among other things it was asked "What should be done if a person has eaten anthrax meat?" This was a puzzler to most of the applicants; but one man from the Middle States, of long experience and wonderful erudition, proved equal to the emergency, and gratified the examining member with this answer: "Swallow a turkey-buzzard, for he won't stop at anything."

**Eleventh International Congress.**—As a notice in the MEDICAL REVIEW has informed our readers, the Eleventh International Congress will meet in Rome, Italy, from September 24 to October 1, 1893. By an official letter dated August 22, 1892, and signed bg Prof. Guido Bacelli, President, and Prof. E. Maragliano, Secretary-General, Dr. A. Jacobi, of New York, has been directed to form an American Sub-Committee. Its membership is not yet complete, but on it are already found beside that of the chairman, the names of Drs. Wm. Osler, of Baltimore, S. C. Busey, of Washington, N. S. Davis, of Chicago, Charles A. L. Reed, of Cincinnati, Wm. Pepper, of Philadelphia, F. Peyre Porcher, of Charleston, James Stewart, of Montreal, and Alexander J. C. Skene, of Brooklyn, N. Y. In the interest of facilitating the trip to Italy, and reducing the expense, arrangements will be made with the steamship companies. According to a communication from the Central Committee—contained in a letter of the Secretary-General's dated September 14—the North German Lloyd proposes to reduce the fare to Genoa by twenty per cent, and that of the return trip by ten per cent. It is expected that still more favorable terms will be secured.

**A Noted London Chemist** has analyzed Keeley's bichloride cure with the following result: Water, 31.61 per cent; sugar, 6 per cent; a trace of mineral salts, principally lime; and 27.55 per cent of strong alcohol.

**Must Have Women.**—According to the London correspondent of the *American Lancet*, the last report of the Italy Dufferin Association for the Medical Relief of the Women of India is rather disappointing. Hospitals specially set apart for women and children have been in working order for several years, but the number of native women who have availed themselves of these institutions has been comparatively small. The fact that the higher classes of Indian women object to going to hospitals is sufficient to prevent their poorer sisters from doing so. It is admitted now that to make Lady Dufferin's scheme a success strict privacy must be secured for patients in a hospital. Not only the medical attendants, but the compounders and dispensers of the medicines, must be women. The mere fact that the hospitsls set apart for females may be visited any time by the Civil Surgeon or other medical officer, is sufficient to prevent native men allowing their wives to enter. Even when the men employed at the hospital are unseen, the knowledge that they are on the staff frightens away the patients. The hospitals which have been established are admitted on all hands to be excellently managed and worked, and contrasted with the dirty, ill-ventilated homes of the native women, appear veritable havens of refuge in cases of illness.

**Mississippi Valley Medical Association.**—At the recent meeting of this Associatian held in Cincinnati the report of the Committee on Nominations was unanimously adopted. The officers of the Association for the following year are the following:

President—R. Stansbury Sutton, of Pittsburg, Pa.

First Vice-President—W. N. Wishard, of Indianapolis, Ind.

Second Vice-President—W. S. Christopher, of Chicago, Ill.

Secretary—T. W. Fitzpatrick, of Cincinnati, Ohio.

Chairman of the Committee of Arrangements—F. C. Woodbury, of Indianapolis, Ind.

Committee on Credentials—C. S. Bond, Chairman, of Richmond, Ind.; J. B. Murphy, of Chicago, Ill.; T. H. Stuckey, of Louisville, Ky.; T. Potter, of Indianapolis, Ind.

Judicial Council—C. A. L. Reed, Chairman, of Cincinnati, Ohio; C. H. Hughes, of St. Louis, Mo.; W. H. Daly, of Pittsburg, Pa.

Indianapolis was chosen as the next place of meeting.

It was also resolved after some discussion to amend the constitution of the Society so that good standing shall be considered sufficient qualification for membership in the Society. The amended law required every member to subscribe to the Society's Code of Ethics.

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**Dr. J. T. St. John** was killed by lightning near Vernon, Texas, August 23.

**The Circle of Willis.**—A medical society known by this anatomical name opened new quarters in East Fifth-Sixth Street, New York, recently, and gave a reception on the occasion.

**Le Scalpel,** of Liege, Belgium, has been sued by an antivaccination enthusiast (a physician) because it refused to publish a letter in which the latter wrote a defence of his views. The suit will certainly be watched with interest.

**May Have Died of the Antidote.**—A man in Wilkesbarre, while picking wild berries on the mountain, was bitten by a rattlesnake and died a few hours later. In the effort to save his life six quarts of whisky were poured down his throat.

**The Treatment of Cholera** by injections of hydrogen peroxide is being much exploited by correspondents. One Dr. E. Lee states that he has treated twenty-two cases, with only two deaths. St. Louisians may remember him as Dr. Elmer Legge.

**Diphtheria from Rags after Nine Years.**—Dr. Rhena has traced six cases of diphtheria to a sack of old rags taken from a house in which malignant diphtheria had prevailed nine years before, and in which they had remained undisturbed in the interval.

**Ozena** may be cured, it is claimed, by the following simple combination, which Dr. Tarbau has employed successfully in ten cases: Iodol, tannic acid, and borax are to be mixed in equal parts and used as a snuff five or six times a day, and, as improvement goes on, three times daily.

**Suture of the Lung** has been carried out by Dr. Guermonprez in a man of eighteen, whose pleura had been opened for a pyoneumothorax, and had been followed by a persistent broncho-pleural fistula. Portions of six ribs were removed and the orifice of the fistula was sutured with catgut. The patient made a slow recovery, but finally was able to resume work.

**Another Medical Prince.**—At the University of Edinburgh, the medical commencement was held the first week in August (*Med. Rec.*). Among those who received the degree of Bachelor of Medicine was an Indian prince, Sir Baghvat Singh Jareja, the Thakore Sahib of Ghoudal. He is said to be the first native prince of Hindustan to acquire that particular degree, or any other Scotch medical diploma. His subjects purpose to signalize the unusual event by erecting a statue to their ruler, in his capital in Ghoudal, in which the newly made medical prince will appear in the gown and hood of his degree, worn over his full native costume.

**The Rigid Os,** which protracts labor sometimes till the strength of the patient is exhausted. may be relieved, says a practical obstetrician who has tried it, by two or three twenty-drop doses of jaborandi given every half hour till perspiration is established.

**The Best Code.**—The Charlotte *Medical Journal* seems to talk sense when it says: The bulk of the profession is feeling more and more every day that the best code is one that can be expressed in the fewest clauses, and that the individual or community is best governed which is governed the least, and that the unwritten law which governs gentlemen is all that is necessary for any educated gentleman in any calling.

**The Falsity of Nostrum Dealing.**—The *Positive Medicator* has formulated the following conclusions as the result of a very full knowledge of the ways and means of the patent-medicine vendors (*Jour. Am. Med. Ass'n*):

1. They claim to be specifics, which they are not.
2. The consumer pays an excessive price for a secret preparation when, were its formula known, the same preparation could be prepared and sold by his druggist at a reasonable figure.
3. Simple remedies are clouded in secrecy and sold as valuable new discoveries, which they are not.
4. Nostrums interfere with legitimate pharmacy, and being sold by dry goods bazaars, rob the pharmacist of his right alone to compound simple remedies for simple ailments.
5. Their selling value depends not upon their merit, but entirely upon their being pushed by advertising, which advertising in the end the consumer has to pay for.
6. There is no question but that the manner of advertising many nostrums is injurious to the public good. Ignorant people with slight illnesses are made to believe that they are in dangerous conditions and frightened into buying and consuming stuff which may not at all be suited to their cases, and which they use at an excessive cost to their pocket books and general health.

From the above statement it will be seen that it is practically impossible for the nostrum-maker to say a true word in any of his published statements.

One ingenious calculator has figured out the cost of production of a dollar bottle of advertised medicine, and he has found that the utmost of drug-value that the manufacturer can afford to deliver to the sick person is ten cents. In other word, ninety cents out of the dollar, paid by the consumer, are necessarily absorbed by the proprietor, the wholesale druggist, the local dealer and the newspapers and other channels of spreading the lying claims of the nostrum, before the deluded patient receives his dime's worth of noxious liquids. And doubtless it is better for the patient that he gets that small return for his dollar, the less he gets for his money the better off he will be.

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**The S. S. S. Man** of Atlanta, Ga., is said to have gone to Hot Springs for his "rheumatism." This is painful.

**Dr. Jenkins,** Health Officer at New York, and Dr. Wm. Randle, Surgeon of the Port of Philadelphia, are both from Mississippi.

**Dr. Dudley P. Allen,** of Cleveland, Ohio, President of the Ohio State Medical Society, was married August 4, to Miss Elizabeth S. Severance, of that city.

**Is There a Better Standard** by which to judge medical men than "education, morality, and merit?" Should not those who attain this standard be united in one fold?

**Cholera** still continees to be a stock subject with the majority of the medical journals. It is a matter for surprise that so much can be written without wearing it thread bare.

**Dr. W. C. Wile,** editor of the New England *Medical Monthly*, was elected Surgeon-General of the Grand Army of the Republic at the annual encampment of that organization in Washington in September.

**Medical Accounts** must be proven in Maryland when the amount is over thirty dollars. To do this it requires the evidence of parties who have a knowledge of the facts in the case or to whom the defendant has acknowledged his indebtedness.

**Sterility Following Typhoid Fever.**—It is said to be a popular belief in England that a man who has had typhoid fever in his youth is incapable of begetting children. Why he should be sterile is not explained, nor why such absurdities should be promulgated.

**John Gannett,** of Springfield, Mo., a medical student pursuing his studies in St. Louis, not long since shot himself through the heart because he looked upon his life as a failure. Others prefer to continue and starve in a vain effort to earn a living at the practice of medicine.

**Dr. F. W. McRae** has been elected to the chair of Physiology in the Southern Medical College, Atlanta, Ga., vice Dr. J. C. Olmsted, resigned. In the same college Drs. L. M. Crichton snd C. D. Roy succeeded to the chairs of Nose and Throat, and Eye and Ear, in the place of Dr. A. G. Hobbs.

**Cholera in the Caucasus.**—Advices from Odessa state that the number of cholera cases in the Caucasus during August and September was 127,273; number of deaths, 64,677. The mortality in Bakau was 70 per cent of those attacked by the disease. At present the cholera is at its worst in Eriven.

**The International Dermatological Congress** will hold its next session in London in 1895.

**Dr. E. P. Davis** has been appointed Clinical Professor of Diseases of Children in the Women's Medical College of Philadelphia.

**The International Congress of Gynecology and Obstetrics** had an attendance of over four hundred at its first meeting recently held at Brussels, Belgium. The next meeting will occur in Geneva in 1895.

**Whittier's Will.**—By the will of the late John G. Whittier, the Haverhill City Hospital receives a bequest of $1,000. After numerous other public and private bequests, the will leaves "the remaining one-half of the rest and residue" of the estate, in equal shares, to the Amesbury and Salisbury Home for Aged Women, the Anna Jacques Hospital in Newburyport and the Normal and Agricultural Institute for colored pupils at Hampton, Va.

**Profession of Nursing.**—Mr. Tyndall has been giving some startling statistics concerning nursing as a livelihood (Canada *Lancet*). A healthy girl of 17, he says, who becomes a nurse dies twenty-one years sooner than a girl of the same age moving in the general population. That is to say, a hospital nurse of 25 has the same expectation of life as a person 58 has, who is a member of the community at large. Every one is aware of the additional risks that inhere in the service of the trained nurse, but these figures are sufficiently startling. It is not probable, however, that they will deter many from the career, but they will increase the apprceiation of the public for the self-sacrifice and often personal heroism of the hospital nurse.

**That New York Board of Health.**—The *Medical Press* has lately teemed with charges of political bias against the New York City Board of Health. The newspapers have not been slow in taking up the cue. There have been charges reiterated and spread broadcast over the land, which have not, if we are correctly informed, as we believe ourselves to be, the slightest foundation in fact. As this journal is devoted chiefly to hygienic subjects, we naturally feel a deep interest in all that concerns the sanitary condition of this most populous center, especially as recent events have shown, because it is the gateway through which the entire country may receive epidemic visitations.

The discussion has, until recently, been entirely one-sided. The accusing party has been heard; loud and long have been its cries of injustice, etc. No answer has come from the "accused" party, which maintains a dignified silence.

The above is from one of our New York cotemporaries. We are patiently waiting and expect to see Dr. Shrady pounce upon the "gang" in his usual thorough and merciless manner.

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**Warren Triennial Prize** of $500 has been awarded by the staff of the Massachusetts General Hospital to John Strahan, Belfast, Ireland. Subject, "Rickets."

**Rough on the Code.**—Says the Omaha *Clinic*: Every physician must have learned, by reason born of reflection on his surroundings, that there is something radically wrong with the so-called Code of Ethics foisted upon the medical profession some years ago by the American Medical Association.

**Aluminium Flasks.**—A series of experiments made with army drinking flasks and cooking apparatus of aluminium have been brought to a close in the laboratories connected with the Army Medical Department in Berlin. The results are not quite so encouraging as had been expected. It is true that neither water, coffee, beer, wine, brandy, nor lemonade undergo a change of taste if kept in an aluminium flask, but if brandy be left in the flask any length of time dark spots, composed of aluminium tannate, are found on the inner side of the flask, and the color of the brandy changes to a dirty brown. In the same way, if water be left in the flask, whitish deposits of aluminium salts are formed on the bottle. Both these deposits are easily removed in cleaning the flasks. As a material for field-cooking apparatus there is no fault to be found with aluminium. Cooking experiments with water, salt solutions, acetic acid, coffee, meat, vegetable, bacon, etc., have been made, and it was found that the aluminium resisted all action until after a very long period of use, and even then nothing detrimental to the food was found.

**The Word Laparotomy.**—Dr. R. P. Harris, of Philadelphia, protests against the word laparotomy for abdominal section (Boston *Med. and Surg. Jour.*). Its derivation is evidently from the two Greek words *lapara* and *tomæ*, to cut, but in ancient Greek anatomy the belly is always described by the word *koilia* and never *lapara*. The latter term was applied in the time of Hippocrates to the parts between the short ribs and the iliac bone. The operation for lumbar hernia or lumbar colotomy would therefore be more properly described by laparotomy. The word originally meant a hollow, and was for this reason given to the hollow of the waist. The misapplication of the term commenced in the year 1811, in the medical thesis of a Wittenberg student. The correct word for abdomen being *koilia* the natural synonym of gastrotomy in its old meaning is celiotomy. This word has been adopted by some authorities in text-books of surgery, and by several medical writers. It allows us several compound terms such as celio-hysterotomy for Cesarean section and celio-nephrectomy. The author called attention to the desirability of this charge two years ago, and again suggests that an effort be made to abandon the word laparotomy when abdominal section is meant and substitute the more correct word celiotomy.

**Entering Class at the Harvard Medical School,** which, it was expected would be small this year on account of the compulsory four years' course, is on the contrary very large.

**American Orthopedic Association.**—At the recent meeting of the Association the following officers were elected to serve the ensuing year:

President—Dr. A. J. Steele, St. Louis.

Vice-Presidents—Dr. Samuel Ketch, New York, and Dr. Arthur J. Gillette, St. Paul.

Treasurer—Dr. A. B. Judson, New York.

Secretary—Dr. John Ridlon, 34 Washington Street, Chicago.

**Incomes of Berlin Physicians.**—According to a cotemporary (*Age*), in Berlin there are 1,015 physicians and 132 dentists, a total of 1,747. Of these there are 855 who do not have an income of 3,000 marks, or $750 per annum. There are 892 who do not depend on their practice for a livelihood; 150 have much less than 3,000 marks; 250 physicians have an income over 8,000 marks, and 170 over 10,000 marks. The number of physicians who get rich is very small indeed, while the number in debt is extremely large.

**Rash.**—A correspondent of the New York *Herald*, named Stanhope, recently submitted himself to inoculation with the virus of cholera at the Pasteur Institute in Paris. Now as a further test of the virtue of the inoculation he has entered the cholera hospital at Hamburg, where he expects to mingle immediately with cholera patients and run every risk of contracting the disease. This bold experiment, which has some suggestion of newspaper enterprise, may mean a great deal for humanity. Whatever the motive and whatever the result, Mr. Stanhope's courage will entitle him to the admiration of the world.

**A Meddler.**—Although the following is old it is worthy of reproduction: The late Dr. Yandall was fond of telling the following joke on himself: A lady patient of his, on entering his consultation room one morning, greeted him with the remark, "Doctor, I had such a singular dream about you last night." "Indeed," said the doctor, "what was it?" "Why, I dreamed I died and went up to heaven. I knocked at the golden gate, and was answered by St. Peter, who asked my name and address, and told the recording angel to bring his book. He had considerable difficulty in finding my name, and hesitated so long over the entry when he did find it that I was terribly afraid something was wrong; but he suddenly looked up and asked: 'What did you say your name was?' I told him again, 'Why,' said he, 'you've no business here. You're not due these ten or fifteen years yet!' 'Well,' said I, 'Dr. Yandell said—' 'Oh, you're one of Dr. Yandell's patients, are you?—that accounts for it. Come right in! that man's always upsetting our calculation in some way.'"

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**Dr. F. R. Seligman,** formerly Professor of the history of Medicine in the University of Vienna, died recently.

**The Hospital for Consumptives,** of Frankfort, Germany, was recently opened. It is under the medical supervision of Dr. Dettweiler.

**Italian Congress of Internal Medicine.**—The fifth congress of the Italian Society of Internal Medicine will be held in Rome from October 25 to 28, under the Presidency of Professor Guido Baccelli.

**August Mueller,** the Professor of Oriental Languages in Halle, died recently. His contributions to medicine consisted in a history of Arabian medicine, one the Arabian sources bearing upon Indian medicine, Ibn Abu Useibias' history of physicians, etc.

**The Public Assistance,** of Paris, has adopted the suggestion made by the medical stsdents as to the age limit of candidates for the *internat* (house-surgeonship), which was formerly fixed at 25. This is now changed, and medical students are not in future to be admitted after the sixth year following their first registration fee. Thus a student commencing his studies November, 1890, can take part in the *Concours pour l' Internat* in 1896. He will then have been able to serve his first year of military service, and if necessary, have tried four times to pass that terrible ordeal of the *concours*.

**New Hospital at Wiesbaden.**—The St. Josef Hospital, which has recently been opened at Wiesbaden under the auspices of the Sisters of the Red Cross, contains accommodation for 70 patients. The Hospital is intended especially for surgical cases, and will be under the medical direction of Dr. Cramer. There is a gynecological department, of which Dr. Wehmer will take charge. Cases of infectious disease are not admitted. The street in which the Josef Hospital is situated has been rechristened "Langenbeckstrasse," in honor of the famous surgeon, Bernhard von Langenbeck, who, whilst he lived at Wiesbaden, occupied the house which formerly stood on the site of the new hospital.

**The Eye Infirmary for Northumberland, Durham and Newcastle.**—The annual report for the past year states that 2,777 in-and-out-patients were treated during the year. Dr. Jeaffreson (honorary house governor), in his report, remarks that the pressure upon the bed accommodation had been such as to necessitate the discharge of patients in stages of convalescence scarcely consistent with safety. At present there are only twenty-two beds, and he thinks that number should be raised to fifty. The balance sheet showed a deficit of £307 12s. 3d. The annual report concludes by observing that the support received by the institution from the factories of the district is very inadequate.

**Medical Women in Bosnia.**—The Government of Bosnia has passed a law to the effect that, "in the interest of the female population," a duly qualified medical woman is to be assigned to each *Kreisstadt* or capital town of a district. The functionary, who is to have the official style and title of *Wundarztin* (*Wundarzt*, or "wound doctor," is the title in Austria of a lower grade practitioner, below the professional rank of a Doctor of Medicine) will be paid a yearly salary of 1,000 gulden by the State, and will further be provided with a house rent free or with an additional allowance of from 200 to 300 gulden a year for lodgings. In towns the population of which exceeds a certain limit, an additional grant will be made from the public funds.

**Tyndall on Phthisis.**—Professor Tyndall is, without question, a scientist of the first rank, but he sometimes uses but any scientific arguments to support theories that are based on other and more convincing facts (*Med. Rec.*). For example, in maintaing the contagiousness of tuberculosis, he asserts that "no investigation has proved that the mortality among physicians by phthisis does not far exceed the average." This may be true enough, but the proper argument to bring forward, if it could be brought, would be that the mortality among physicians by phthisis does far exceed the average. We do not believe that statistics would support this argument, although there are many unquestioned acts which appear to prove that the disease is communicable. Professor Tyndall should avoid the attempt to prove theories by hypotheses.

**Persiflage.**—The following example of humor is taken from our humorous cotemporary, Daniel's Texas *Medical Journal*:

Dead Again.—Poor little dickey-bird Fisher of the *Southern Journal of Homeopathy*, is, as an editor (?) dead again. Old readers of the *Journal* will remember how touchingly we related his early demise when as an editor of the little *Pellet* he failed, and gave up his little homeopathic ghost with a "tit willow" gasp. He died then of an attack of Daniel's Texas *Medical Journal*, and he is dead of a relapse of the same malady now. He throws up the sponge convinced at least that he could never make a success as an *editor*. "Was it weakness of intellect, birdie, I cried, or a very tough worm on your little inside?" Both, doubtless—the red-back journal which never lets up on homeopathy was worse than the tough worm, it was a Nessus shirt—and poor Fisher could not stand it. In the last issue of the *Southern Journal of Homeopathy* he chronicles his demise editorially, dying in orthodox theatrical style taking four columns to expire in, after he is down;—like the villain in a blood and thunder play. The publishers are to be congratulated. The *Southern Journal of Homeopathy* is a pretty fair paying publication and has a wide field and ought to be made to pay; all that has been needed is an editor. Adieu, dickey-bird; peace to your little homeopathic ashes!

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**Goes by Favors.**—According to the *American Lancet*, a former publisher of the "Transactions of the National Association of Railway Surgeons," rays that he made enemies because he would not publish papers complaining of things connected with railway management, as lack of proper pay to railway surgeons, etc. He said that this would have interfered with the obtaining from the railways of such favors as were desired; hence no articles must be permitted to interfere with the idea that the end sought by the railway company was the improvement of railway surgery.

**A Corpse in a Medical College.**—A prominent lawyer of New York, relates the following somewhat extraordinary story (*Med. Rec.*). He says: "I had a most extraordinary relation with General Harrison a good many years ago. I don't suppose a case of that kind ever happened before, or ever will happen again, affecting a family of such distinction and involving two Presidents of the United States. We have in Cincinnati medical colleges which utilize dead bodies for subjects for the use of medical classes. At North Bend or Cleves had died a young woman, and soon after her decease it was found that her grave had been rifled of her remains. Making further search, it was found that the body of Benjamin Harrison's father was also missing. President Harrison's brother came down to Cincinnati, suspecting that these bodies had been sold to the medical college, and he got authority to examine the places of deposit of fresh subjects. At one of these colleges they had certain bodies put in a well, and there pickled, you may say, so as to have them in a state of preservation for the dissecting table. The president of the college was a well meaning man, and he had not the least suspicion that anything would be found in the possession of his institution reflecting upon an historical and respectable family. But when they ran down a hook to bring up the successive corpses, the very first one that came up was venerable Mr. Harrison, father of Benjamin Harrison, our President, and son of William Henry Harrison, also our President. It was certainly a dreadful sight for a son to see his father appear suddenly in that state. General Harrison came down from Indianapolis to Cincinnati. I believe that he would have killed the president of that institution, if he could have found him at that time. He was inflamed, as he well might be, at the indignity visited upon his beloved parent, one of the most inoffensive men in all that country, and a man of fair distinction too, who had been offered the Lieutenant-Governorship of Ohio, and sent to Congress. He turned about and came to our firm, and employed me and my partner to prosecute the college. Nothing could be done, however. In all respects of outrage it would look as if a crime had been committed, but in point of fact, nobody but the obscure perpetrator of the grave-robbing could be prosecuted. The body was returned to the tomb, and the family were left to let time heal their wounded feeling."

**The Fate of the Paddock Pure Food Bill,** by the adjournment of Congress, is practically defeat. The friends of the mammon of unrighteousness, it is said, spent some $60,000 lobbying against this bill.

**Good Deeds of the American Physician in Foreign Lands.**—From a recent number of the *Independent* we take the following personal item reflecting credit on American physicians and students, some of whom are familiarly known in New York, in their distant fields of labor or study: Americans abroad are contributing their share toward the relief of suffering and the cure and prevention of disease. In Persia the Presbyterian medical missionaries in Teheran have treated large numbers of patients, and their usefulness has been limited only by the means at their disposal. Not only the Board of Missions but the State Department have interested themselves in this work, and expressed their willingness to forward any sums that may be committed to them. In Berlin, Dr. Harris Graham, a member of the medical faculty of the Syrian Protestant College at Beyrut, Syria, now in Germany on his vacation, has organized the American medical students into a corps of assistants and nurses to render the more efficient aid to the city authorities should their assistance be needed.

**The Suspension Treatment of Locomotor Ataxy** having had its day, we are now asked by our continental confreres to treat our paralytic and nerve cases by vibratory motion (*Ex.*). Professor Charcot having observed that some of his paralytic patients, especially those suffering from paralysis agitans were much benefitted after a few hours' shaking up in a railway carriage, has invented a chair to which electricity gives a rapid vibratory motion. No healthy man, of course, would care for such rocking; but the paralytic enjoys it, and at the end of a quarter of an hour's shaking up feels himself a new man, and afterwards drops into a profound slumber. Another French physician is said to cure nervous headache by a "vibrating helmet." There are possibilities in this method of treating disease which may bring fame and fortune to those who adopt it before the novelty has worn off, and the public discover that as a curative agent "vibratory motion" is no better or worse than a score of other fads which have been "boomed" by enterprising continental and American physicians.

**A Sensible Plan for Selecting a Health Officer.**—The Board of Health of Savannah, Ga., is to be commended for the plan it recently adopted to secure a quarantine officer at that port (N. Y. *Med. Jour.*). Notice was given that examinptions of applicants for the position would be held in New York, Philadelphia, Savannah, and New Orleans, the successful candidate to receive $2,000 per annum salary and to hold the office for three years. The examination required the name, age, residence, college, the date of graduation, a statement of the hospital experience if any, whether the

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candidate was subject to seasickness, and his experience in microscopy and bacteriology. The professional examination was:

1. Name the eruptive fevers, give the symptoms, differentiate one from another, and state the most probable mistakes, giving the outline of treatment in each case,

2. Describe malarial fever in its different forms, Chagres fever, and dengue, giving the symptoms, duration, period of incubation, and treatment, as well as their diagnosis from yellow fever.

3. Describe cholera morbus, dysentery, and acute diarrhea, and give the symptoms, course, duration, treatment, and diagnosis from Asiatic cholera.

4. Give the etiology, period of incubation, and treatment of Asiatic cholera.

5. State what is known regarding the comma bacillus and the germicides applicable to its destruction.

6. Diagnosticate a case of leprosy.

7. In what months do vessels incur most risk from yellow fever in Rio Janeiro, Santos, and neighboring ports?

8. What months offer the greatest danger in Havana and other ports in the Gulf and in the Caribbean Sea?

9. Give your ideas in full as to the proper inspection of a passenger steamship. Give, also, an idea of the proper inspection of a sailing vessel in ballast from Rio to Savanah.

10. Which is farther penetrated by sulphur dioxide, wet or dry wood? Would you wash the hold of a vessel prior or subsequent to fumigation.

11. Is $SO_2$ lighter or heavier than air, and where therefore would you introduce the gas, if cool, from a lead of pipe or where place pots if the gas was produced by burning sulphur in pots?

12. What articles should be exempt from sulphur fumigation, and how should they be disinfected?

13. What should be exempted from a $HgCl_2$ solution, and how should it be disinfected?

14. What strength of $HgCl_2$ solution is sufficient for disinfection of textiles; what strength for the holds of vessels?

15. How can you prevent damage to brasses and other bright metal from sulphur fumes?

16. What length of time should the fumes of $SO_2$ be retained in vessels to be effective in destroying disease germs?

17. Name the principal Atlantic ports of South America and the West Indies; the Gulf ports outside of the United States; the Black Sea ports; the Mediterranean ports.

We think the examination a fair one for determining the qualifications of the candidates, and we should be glad to learn that this plan had a chance of being generally adopted by health boards in selecting the medical staff.

**Dr. Bevans' Treatment of Cholera.**—The elder Dr. Bevans had, during the several cholera epidemics which swept through Chicago, excellent results from the use of two formulæ; one as a prophylactic and the other as a therapeutic procedure. The first consisted of (*Medical Standard*):

℞ Magnesi. sulph., - - - - - ℥ij.
Tr. capsici, - - - - - ℥iv.
Aquæ,
Acid sulphurous, - - - aa ℥xvj.
M. Dissolve perfectly.
Sig. ℥j night and morning.

The therapeutic formula was:

℞ Acid sulphurous,
Aquæ, - - - - - - aa ℥xvj.
Tr. capsici, - - - - - ℥iv.
Morphin. sulph., - - - - gr. ij.
M.
Sig. ℥j every half hour until relieved.

**Townsend's Pills.**—

℞ Massæ hydrargyri,
Gambogiæ,
Ext. aloes,
Zingiberis pulv., - - aa gr. xxx.
Olei menthæ pip., - - - - ♏iv.
Tinct. aloes, - - - - - q.s.
M.
Divide into 24 pills

**Bronchitis.**—For bronchitis, *Guy's Hospital Gazette* suggests the following:

℞ Ammonii carbonat, - - gr. xvj.
Syrup. tolu, - - - - - ℥iv.
Tinct. scillæ, - - - - - ♏xl.
Tinct. cinchonæ comp., - - ℥ij.
Spirit. chloroform, - - - ♏iv.
Aquæ rosæ, - - - - - ℥ij.
M.
Sig. ℥j every four hours.

**Betol in Dyspepsia.**—The following is the formula of Huchard (*Merck's Bulletin*):

℞ Betol,
Pancreatin or pepsin, - - aa ℥j.
Powdered nux vomica, - - gr. vj.
M. Dispense in 20 cachets.
Sig. One daily.

In children unable to swallow cachets the author administers daily 3 or 4 powders, each containing gr. jss of betol in milk, honey or comfits.

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**Teamster.**—Poor little fellow! I wonder who he is. He is sick.

Friend.—How do you know the boy is sick?

Teamster.—He waited on the sidewalk for the team to pass, instead of crossing in front of us.

**Patient.**—I don't suppose you are particular whether I pay you now or settle in full when you get through with me?

Doctor.—Perhaps you had better pay now. I would be quite willing, as you say, to wait until I get through with you, but the fact is your will might be contested, you know, and I might get nothing at all.

**Two Artists.**—They were talking on the cars, and one was a portrait painter. After some time the other inquired the painter's business.

I am an artist, was the modest reply.

Ah! said the other, what do you draw?

Faces.

And I am an antist and physician too, said the other.

Ah! remarked the painter, with a smile, may I ask what you draw?

Water—with a catheter, answered the medical man.

**The Conscientious Druggist.**—Small Boy.—Gimme some plaster.

Conscientious Druggist.—Yes, my little man, but we have so many kinds of plaster, intended for many different kinds of diseases. Who is it for?

Me mother.

What is the matter with her?

Nawthin'.

Then what does she want a plaster for?

She wants it for pop.

Oh! What is the matter with your father?

Nawthin'.

Then what does he want a plaster for?

For one o' the men wot works with him.

Oh, I see. What is the matter with the man?

Nawthin'.

Humph! What does he want a plaster for?

He was at our house las' night, an' he broke the top of our kitchen lamp, an' he's goin' to mend it for us.

Eh? Then you want plaster of Paris?

We don't keer where it's from, an' if you don't gimme de plaster an' stop kiddin' me wid fool questions my dad will come 'round an' knock the stuffin' out o' yer. See!

**We Regret** to learn of the death of Dr. J: E. Halbert, surgeon of the L. N. O. & T. Railroad at Mound Landing, Mississippi. The doctor was a graduate of the Jefferson Medical College, class of 1873. We are unable to give any further details in reference to his professional career or his untimely death.

**Railways of the World.**—A German engineer, Mr. Ernst Kohl, publishes in the *Civilingenieur* the following notes collected from available railway statistics of the German Government, extending to the year 1889. Mr. Kohl explains that the total length of railways in the world was then 375,000 miles, and that the total mileage had increased 5.26 per cent in the period of 1387–89. In Europe there was one mile of railway to each 27.5 square miles of territory and 3.7 miles to every 10,000 inhabitants. In the United States the corresponding figures were one mile of railway to 18.3 square miles and 23.9 miles to each 10,000 inhabitants. This figure is now about 26 miles per 10,000, says the editor of the New York *Engineering News*. In Great Britain there are 6.3 square miles, and in Belgium 3.7 square miles of area to each mile of railway. The average cost of European railways is estimated at $280,000 per mile, and the total cost of all the railways in the world is figured at $32,115,000,000.

**A Trip to Mexico.**—Grand Excursion November, 1892.—At this season of the year, Mexico, with its congenial winter climate, historic points of interest, etc., command the attention of the well-informed tourist in search of health, pleasure and recreation. A splendid opportunity for a trip to the quaint old Republic will be offered to the people at large on the occasion of the Annual Meeting of the American Public Health Association, and International Medical Congress which convenes in the City of Mexico, November 29, 30 and December 1 and 2, 1892.

The remarkable low rate of one fare for the round trip will be in effect via the Iron Mountain Route, and tickets will be good to return until December 31, 1892, with choice of going one route and returning another. A number of parties have already decided to join this excursion, and applications for accommodations should be made early in order to avoid all inconveniences.

For circular descriptive of the trip, giving more detailed information relative to rates, itinerary of special train, and points of interest reached on the journey to the City of Mexico, also an elegant illustrated and descriptive pamphlet, address Company's representative in your territory, or H. C. Townsend, G. P. A., St Louis, Mo.

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# MEDICAL REVIEW.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## The Druggist as a Purveyor.

We once enjoyed hearing the lamentations of an old time pharmacist in regard to the tendency of modern pharmacy. He was a typical representative of that class who reveled in the possession of a pharmaceutical laboratory wherein he passed the major portion of his time watching percolators, filters, and the other aids of his calling in the preparation of the various products, compounds, and preparations which he dispensed. He was largely occupied in filling the prescriptions of physicians who used infusions and decoctions, who preferred the large and bulky as well as ill-looking and worse smelling productions of their youth to the elegant products of to day. This pharmacist deplored the fall of the pharmacist and the "degrading condition" to which he had been reduced—that of being a pill-vender, the dispenser of manufactured products. We have heard the same complaint made by a number of members of our profession and this has led us to inquire into the matter perhaps a little more closely than those who have been loudest in their complaints. An investigation has demonstrated a number of things which are responsible for the conditions present, and has furthermore shown that the matter complained of is really an advantage to all the parties concerned—the physician, the druggist, and the patient, so that on the whole we cannot but feel otherwise than congratulate ourselves upon the condition of affairs as it exists.

The druggist has become, in a great measure, a purveyor of medicines. He furnishes that which is wanted and that is certainly his proper function as well as his duty. In these rapid times people will not wait a number of days for a preparation which is immediately needed; so that, if a physician prescribes gelatine-coated or sugar-coated pills they must be furnished at a moment's notice of whatever nature or dose they may be. The same may be said of compressed tablets or pellets or, in fact of all the dry Galenical preparations. Were the druggist to attempt to prepare all of these himself and keep them in stock he would be placed to such an enormous expense as to practically ruin him in any endeavor to keep but a very small proportion of the remedies called for, and he would have to demand such exorbitant prices therefor that he would soon lose all the trade he had ever commanded. He would be subjected to the further expense of providing special apparatus for the manufacture of these products and any one who has seen the machinery necessary for the proper making of compressed tablets alone will readily see that no druggist could go to the enormous expense of providing it, nor would the largest sales that any one commands pay the interest on the original investment much less furnish a profit.

We have not spoken of the fluid extracts, solid extracts, abstracts, etc., which are numerous enough to fill volumes with their names alone. But aside from this we have another condition which has largely influenced the condition of affairs. The manufacturing pharmacists who furnish the ready made products have made a business of this and provided with an enormous capital and meeting with a large market, they are enabled to keep up their business. Not only this but they are capable of producing the most accurately dosed as well as the most elegant products. It is these very conditions which have created a demand for these pharmaceuticals and the druggists in order to retain patronage have been forced to dispense them. These products as manufactured are certainly more reliable because the

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manufacturers make it a point to secure the crude materials in the best possible state and they use all at once. They do not have their crude vegetable products lying in musty drawers becoming inert and losing all their properties. As a natural consequence the finished product is more reliable in additian to being put up in much better shape than any possible extemporaneous method, no matter how skillful, could ever hope to attain. Add to this the large variety obtainable as well as the cheapness which can be secured, and it becomes a matter of congratulation that such a state of affairs prevails. We can also readily see that no manufacturing firm could possibly attempt to put up all the products that are called for.

So far we have only limited ourselves in our subject. There exist a certain number of indispensable preparations which, in the very nature of things, could not be made by the druggist. These are the alkaloids and synthetic organic compounds not to mention the ordinary pure salts. The druggist must also obtain these ready made and he is forced to this state of affairs simply because he cannot afford the cost which a limited manufacture would entail. We might add to these products the fluid extracts which require much time, care and attention in their manufacture and which are to day of better quality and more accurately dosed than ever in the history of pharmacy. These products have entirely superseded the older and more clumsy as well as inaccurate decoctions and infusions, yielding better results and obtaining large favor. We may further add such liquid preparations as chloroform and ether and taking all as a whole we are confronted with such a mass as any human being with ordinary intelligence would hesitate to undertake to prepare for the limited wants of any dispensing pharmacy no matter how large its patronage might be or could ever possibly attain. We have not mentioned the amount of skill which would be requisite for the successful carrying out of such a gigantic scheme nor the utter impossibility of any human being to carry out such an enterprise in all its varying ramifications.

Another class of preparations largely dealt in by the pharmacist is the proprietary remedies. No matter what any one may think of them they are here and they have come to stay. There is an evident demand for them and it must be because they are wanted. We will not discuss their relative merits here, but we know that the druggist cannot reproduce them extemporaneously even when he knows all the constituent parts entering into their composition. The pharmacist is fully aware of this and he knows that when he substitutes he is committing a fraud. It stands to reason that no one can produce in one hour what its takes weeks to perfect. Moreover these products are put up in such palatable form and are so well-liked that they must be kept in stock, if the good-will of patrons and physicians is to be kept.

When we take all the foregoing conditions into consideration it will be readily seen that the true function of the modern pharmacist or rather dispensing druggist, is in a large measure that of a reliable purveyor of medicines and drugs and he must combine with this an accurate knowledge of compounding. He is also expected to have an accurate knowledge of posology and therapeutics so that his function as a purveyor includes much more than the mere selling of certain quantities of manufactured products. The profession of pharmacy has not suffered in any respect nor has it been degraded by any means since the introduction of elegantly prepared pharmaceutical products and there is no doubt whatever that druggists and physicians are much pleased at the prevailing condition of affairs.

We certainly cannot see wherein there is anything degrading in being a good medical purveyor more especially in view of the fact that all druggists are engaged in the business of selling patent medicines not to mention the thousand and one things such as toilet articles, etc. An unfortunate condition which we have noted is that the druggist will not restrict himself to his proper function of being a purveyor. In too many instances he attempts to lower his profession by acting as a substitutor. Affering a purchaser something "just as good" is bad enough, but replacing a desired product in a prescription by a cheaper article is simply villainous. This is one of the reasons why physicians are so careful to specify the manufacture and this is one of the reasons why manufacturing chemists have become so prosperous. We desire good purveyors because we need them and, fortunately, we are liberally provided with them. Furthermore, since the druggist has fully assumed his functions as a reliable purveyor he has risen in his position and is looked up to in his community in every respect. He has assumed his proper stand and it is a subject of remark that he is clean, well-dressed, transacting business in clean and neat quarters, in contrast with the old pharmacist who had a dingy shop, whose hands were dirty, clothing soiled, and enveloped in the perennial filthy blue apron.

**The Pain of Death** is certainly an interesting question and as the *Medical Record* says, the question whether death is a pleasant or painless process has been agitated in the columns of the *Sun*, and several very exciting accounts of the sensations of the dying have been reported. The conclusion is reached that death, on the whole, furnishes an agreeable sensation and one not to be dreaded. "A great thing this, Lucilius," says Seneca, "and worthy of long study, namely, that a man quit life with tranquil spirit when that inevitable moment comes." "To fear death," he adds, "is foolish. Death imposes a necessity that is impartial and inevitable. Who can grumble at being subject to a condition from which no one is exempt." Thus the ancient Stoic reasons, until between him and the *Sun* correspondents one might be quite persuaded to look upon death as an agreeable diversion. Unhappily, the assurances of the experienced and the philosophy of the wise are of little aid when the actual exigency confronts us. Medical

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observation shows that as death approaches one in old age, the sensibilities became benumbed and the process, if not agreeable, is not painful. The natural death of the aged is a physiological phenomenon, and should excite no apprehension as it involves no distress. The onset of death in the younger and healthy person is viewed with a natural apprehension which can only be modified by temperament and consolations of religion and philosophy.

The question whether the actual act of dying is painful cannot be answered categorically; for we do not know when a person dies, but only when he loses consciousness. The point discussed in the *Sun* is, therefore, really whether losing consciousness is painful. We believe that the experience of most physicians would affirm that it is. Ordinary syncope, epileptic attacks, the production of anesthesia, the results of a cerebral concussion are usually not described as agreeable. The sensations of those drowning and asphyxiated, on the other hand, seem to be more often pleasant, at least in the later stages. Certain narcotic poisons can also produce coma agreeably. But, on the whole, man feels best when consciousness is clear and well preserved, and its sudden loss is attended with more pain than pleasure.

**A Great Future** is opening for Denver if we are to judge from the following hilarious remarks made by the *Medical Times* of that city: The melon colic days have come, the saddest of the year—but the medical student doesn't think so, and he is once more in the lecture rooms penciling Hippocratic hieroglyphics, or at the dissecting table carving for mental ailment, or gaining cognizance of disease face to face at the clinics. All over this broad nation, he is grinding away at the mill of knowledge, acquiring and developing the elements of future success or failure. Not only to the colleges of the "effete East," but to those in the "wild and woolly West" as well, are flocking the doctors of medicine to be. In Denver, the Queen City of the West, the standard of medical education is high and firm, as the work of our schools and the character of our students amply attest. Our clinical advantages are unsurpassed, and while certain minor facilities do not yet equal those of some eastern colleges, we are confident that the vim and enthusiasm of our teachers fully compensate for all defects. We believe that the time will come when Denver will be as great a center of medical science as Louisville and St. Louis are to-day.

**Misquoting** is certainly wrong in every respect and, as a matter of fact, simply amounts to falsifying. We are fully in accord with the *Medical Progress* when it makes the following statement: A cotemporary has taken us to task for speaking lightly of antiseptic surgery. It is true, we took occasion a few months ago to say that it was not what many thought it, and that we believed its day was well nigh spent. But our critic misquoted us, and we shall reserve our answer until he has set us right with his readers. It is highly offensive to be misquoted—and certainly, we can not be expected to answer for what we have never said. We feel amply able to defend our position, and shall do so at the proper time and we esteem the proper time to be when we are properly quoted.

**Cesarean Section** is not yet as popular as some would wish to see it. Dr. Henry C. Coe says (*Am. Jour. Obst.*) that from the trend of society dissussions during the past two or three years it is evident that there is still considerable opposition to the operation from the standpoint of relative indications. It is not his purpose to discuss this question, but he does protest against the insinuation that Cesarean section has been performed hastily and inconsiderately by members of the American Gynecological Society. He does not know a single instance in which it has been resorted to except after thorough, earnest consultation, with the best interests of the mother and child in view. On the contrary, how many of us can recall cases of embryotomy in which we sincerely regret that we had been so conservative, insted of insisting upon the section! The comparatively small number of operations performed in the United States, and the publicity which has been given to them, are sufficient proof of the fact that there have been none of which we need feel ashamed. The next ten years will witness a notable improvement in our statistics. He does not believe that by reason of the importance which has been assigned to abdominal surgery, we are in danger of neglecting minor manipulations in either gynecology or obstetrics, or of losing the manual dexterity of the old school. We are bolder now; why, then, is it surprising that we should seek to "catch the nearest way," providing that it is just as safe as the old circuitous route? There is only one way in which to disarm criticism. It is pre eminently true of surgery that *Rien ne reussit comme le succes.*

**Fads in Cures** are as common as in all other things. Little boys, and particularly city boys, when they hear what the method of life is at Worishofen in Bavaria will have a longing desire to be sent there for a summer holiday (*Pop. Med. Monthly*). In that favored spot the rector of the village, Sebastian Kneipp, has views which cannot commend themselves too much to the boy. Actually, he praises people for going without their hats; and for those who come to him with various ailments, from toothache to rheumatism, he orders the removal of their shoes and stockings, and a half hour's walk through dew or snow. But he does still better. Any man who has been a boy and, unfortunately, there are many who never have been, remembers his early and rooted distaste for towels. It is true that after a swim, shirts and other articles of attire stuck a good deal while hastily donned, because no demand was made upon the services of that effeminate adjunct of the bath-room; but, two minutes after the damp clothes were in place, what boy remembered the fact? Well, Pfarrer

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Kneipp of Worishofen tells invalids not to dry themselves after a bath, but to put their clothes on quickly while the skin is wet, and thus drive out disease. That is one of his ways of curing people offlicted with a variety of ailments; this and the rest of his methods he has set forth in a work called "My Water Cure," which has lately been turned into English. Besides marching them daily through cold dew at dawn or through the snow, the worthy Pfarrer forbids his patients to use woollen undergarments. Only cotton or coarse linen can be worn next the skin. For different troubles different kinds of baths are used, some directed at the lower extremities, others at the back or head, and these are repeated at intervals. Much of the success of his cures is doubtless due to the simple food in the village, to early rising and early bed-going, and the fresh air and exercise prescribed.

**A National Quarantine Law** is one of the crying needs of the hour. The series of papers which have appeared in the *Journal of the American Medical Association* reviewing the history of the quarantine in Congress in the first years of the Republic, have a special importance at this time. We are doubtless on the eve of a renewal of the agitation in favor of a more rational and effective quarantine system for this country, and the proposition to create a National Quarantine will be more earnestly advocated than at any former period. In this view the first discussion of the subject in Congress will prove interesting and profitable. The fact that there was so decided a movement in the first sessions of Congress to call upon the general Government io aid in preventing the introduction and spread of contagious diseases, is in itself of importance. It proves that there was at the organization of the Government a party which maintained that its powers extended to the control of the quarantine of all vessels from foreign ports or places, and "to direct at what place or station," and "for what duration and particular periods of time," such vessels should perform quarantine. If Congress will but appropriate $50,000 for the Pan-American Congress, we shall there see a consensus of opinion arrived at in this respect for the Western Hemisphere, at least.

**Foolhardiness** does not always meet with universal approval. According to the *Medical and Surgical Reporter* Mr. Stanhope is certainly not the only person in Hamburg who exposed himself to the dangers of infection, and the only thing which he has proven is that cholera did not make way with him. Although he courted danger in every way possible, we have no way of knowing that he has actually been infected by cholera and that the infection has been rendered harmless by the preventive treatment. Mr. Stanhope could have carried out his experiment in Paris just as well as in Hamburg, by simply drinking a few pure cultures of the spirillum which causes the disease. Had he done that, and lived through it, we should know at least that he had infected himself with the parasites! But even this would have been no positive proof of the success of the inoculation, unless the experiment of drinking cholera culture was repeated several times, for there is at least one case on record where a man swallowed the germs purposely and yet did not take the disease! This method, however, would hardly satisfy the *Herald*, for it would have furnished but one or two pages of material, at the most, with possibly an obituary notice a few days afterwards, while the present mode of experimentation furnishes many pages of printing matter.

**Clean Streets** are certainly desirable in large cities, but our principal American cities seem to be woefully lacking in their provisions for the accomplishment of this purpose. The *Post-Graduate* says the following of New York, and it is, unfortunately, of wider application: The methods of street cleaning, in spite of the new law passed last winter, which arranged a new system and provided the helpless-looking paupers, who often do this work, with uniforms, are about as vicious as ever. The little piles of dirt are left in the streets until tney are half blown away, the dirt is not sufficiently watered before sweeping, the busy streets are not cleaned often enough, and so forth. What is needed are not uniforms, but a wise head uninfluenced by any consideration but the one of how to clean the streets, and keep them clean. The average New Yorker does not know a clean street, for except a few blocks on Broadway, and a few streets taken care of by the householders, he has never seen one.

**Shall the Professions be Regulated?** is the question asked by the *Medical Age*, which then proceeds to say: Apropos of the discussion excited by the appointment of a committee, at the last meeting of the American Medical Association, to revise the Code of Medical Ethics, it may be of interest to our readers to learn the opinion of a disinterested observer who discusses the regulation of all professions.

N. S. Shaler, in the *Engineering Magazine*, writes at length on the regulation of the professions, and concludes that, while many others may do without it, the medical profession needs it. He believes, for somewhat different reasons than those which determine the protective unions of hand-laborers, but with substantially the same motives, our professional classes are seeking to band their members together and to protect their occupations against the degradation which comes from the invasions made by people who are really unfitted for the employment they seek. These learned walks of life are not in any way threatened by capitalists. Their place in the community is fully established, except for the risk which may come from quackery. It seems to many of these gentlemen that the law may fairly come to their aid to save the public from the losses which may accrue from the often captivating pretenses of uneducated impostors.

So far as the practice of medicine is concerned, in-

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cluding in the category both physicians and apothecaries, the argument in favor of legal control seems to have sufficient popular support at present to justify a certain departure from the principle which dictates freedom of contract as the basis of the relation between employer and employed in all the walks of life.

**The Use of Stimulants by Women** is alluded to by the Boston *Medical and Surgical Journal*, which does not regard the habit as widely spread. It goes on to say that the habits which have been commonly considered tolerable in men but intolerable in women appear to be losing their exclusiveness in England, at least, and to be invading the ranks of the female sex from the top of the social scale. This has recently been the subject of a somewhat sensational address by Lady Frederick Cavendish, before the National Congress of the Church of England, in which the use and abuse of alcohol and tobacco among the ladies of the kingdom are graphically described. She asserts that such objects as "nips," "cocktails" and "B and S's," and the flavors of different brands of cigarettes are as well understood by the female as the male portion of a large and fash ionable set, and that the custom is becoming common for ladies to accompany gentlemen to the smokingroom after dinner, and smoke and tipple with them on equal terms. Drunkenness among well to-do women in Eng land has been known to exist for some time, and the inference is that it is not decreasing, but is rather stim ulated by the liberal behavior of the fashionable classes.

In this country, this condition of things does not enjoy the same social tolerance; but it is interesting to no tice that on the same day that Lady Cavendish addressed the English audience, the Woman's Christian Temperance Union in New York listened to a speech by Mrs. Nelson, in which she claimed that a large and constantly increasing number of American women were habitually using different stimulants, especially opium.

**People who Whine** are a nuisance. A writer in *Humanity and Health* very justly remarks that there is a class of people in this fair world of ours—a class by no means small, alas!—whose prominent peculiarity is —whining.

They whine because of anything and everything—and they enjoy it. From the peculiar intonation used when expressing themselves, you might feel yourself called upon to express sympathy for them. Don't do it. The half-crying tones affected by them need neither distress nor deceive you. They are not suffering—far from it; they are enjoying themselves! It is you who suffer.

These peculiar people will whine about anything. If they be poor they will whine, and if they be rich they will whine, with "money's care," "life's trials," "love's a snare and a mockery," for the burden for their song. The whiners whine because it rains, but are just as ready to whine at the too brightly beaming splendor of the sun; they whine at the weather; they whine at luck or its tardiness of approach; they whine if they be sick or if they be well, if obliged to take a journey, or to remain at home; at eating or drinking, or sleeping or waking; it's whine, whine, whine, until one longs earnestly for a swift, sudden, and just retribution to overtake them.

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**Cure of Hiccough.**—Dr. Charles M. Buchanan writes to an exchange (*Med. and Surg. Rep.*) that he had noted that the latter gave some attention to hiccough, having three short articles, two of which deal with Leloir's method of digital compression of the phrenic nerve. He continues: I have used this method, together with a modification of my own, for a year and a half and have never had it to fail, even in obstinate cases. I compress each nerve with the thumb and fingers of each hand, near the sternal end of the sterno-cleido-mastoid muscle. Since hiccough is due to spasmodic action, or clonic spasm, of the diaphragm the efficacy of this mode depends upon the production of an inhibitory state in the phrenic nerve, the motor nerve of the diaphragm. Compression alone has sometimes failed to produce suppression of the spasmodic action—probably owing to difficulty in securing perfect compression, especially in the right nerve which lies a little deeper than the left. Therefore I supplement compression by the following: Make the patient take deep, complete, slow, rythmic inspirations, about twelve or fourteen per minute, followed by similar expirations. These slow, rythmic movements seem to effectually afford supplemental aid to compression in combatting the quick, jerky, spasmodic movements of hiccough. In fact, this method has always succeeded, even in the few cases in which compression alone failed.

This treatment is not only more efficacious than medication, which is so seldom effective but is, moreover, practically instantaneous, its effects being observed in from one to two minutes.

**Sequelæ of Eclampsia.**—Dr. G. Winter states (*Ann. Gyn. and Ped.*) that among the sequelæ of eclampsia mental disturbances claim a quite peculiar importance. Loehlein observed psychoses thirteen times; Olshausen, among his 200 cases of eclampsia, had eleven cases of mental disturbance, and estimated the frequency of the latter, at about six per cent according to his own reports, and those of other authors. The form is usually the characteristic one of insanity with hallucinations, nevertheless pure mania and melancholia are not infrequent. The psychosis occurs after light cases of eclampsia and generally in the first few days after labor; it generally commences with hallucinations of hearing and sight, often also with double vision. The prognosis is extraordinarily good; in most cases the course was very rapid, frequently lasting only a few days. The best means of treatment was found to be hydrate of chloral, in doses of thirty to sixty grains during each day.

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**Simultaneous Dislocation of the First and Second Phalangeal Joints of the Middle Finger.**—Dr. Lewis A. Sayre says (N. Y. *Med. Jour.*): The simultaneous dislocation of the first and second phalangeal joints of the finger is so rare an occurrence that I have thought it worth while to report the following case:

August 17, G. G., carpenter, 53 years old, while standing on a large case and lifting a heavy weight, felt his foot slip and, throwing his hand forward and downward, to prevent striking on his face, put nearly his whole weight on the end and side of the middle finger of his left hand. It is probable that he bore more weight on the finger than common, as the last two joints of the left third finger had been amputated at some previous time.

He had pain in the finger at once, and was unable to use it. He was brought to my office a few minutes after the accident, and I found the middle phalanx of the left middle finger resting on the dorsum of the proximal phalanx. Longitudinal traction seeming only to bind the bones more firmly in their abnormal position, I therefore bent the finger strongly backward, while I pressed my thumbs firmly against the back of the injured joint, which caused the bones to slip readily into place, and I then discovered, which had heretofore escaped my notice, that the distal phalanx was also dislocated backward, this being the first time that I had ever seen this occurrence of double backward dislocation of two joints in one finger.

I easily reduced this second dislocation by bending the tip of the finger backward while I pressed my thumbs strongly against the back of the joint. The finger was kept strongly extended after this by a strip of adhesive plaster running from the base of the middle finger on its palmar surface up to the tip of the finger and thence down the back to the middle of the hand, where it was securely held by a roller bandage.

**Management of Abortion.**—The following is the method advocated by Dr. John O. Polak (*Post-Graduate*): In the management of actual abortion with rythmical pains, hemorrhage, and the physical signs present, we have two dangers to combat—first, hemorrhage; second, sepsis.

The bleeding is best controlled:

1. By rest in bed and the aseptic tampon. My preference is the oxide of zinc gauze. The vagina should first be cleansed by an antiseptic douche of 1-3000 bichloride, then tampon tightly in front, behind, on each side of and against the cervix, filling the entire vagina with the gauze. A tampon of this description and material may be left undisturbed for 24 hours.

2. Complete evacuation of the uterus as soon as the ovum is detached, by the aseptic finger or curette.

Asepsis is maintained:

1. By continuous disinfection of the uterus by antiseptic solutions, that is, bichloride, 1 5000; carbolic acid, five per cent.

2. By avoiding preventible lacerations and abrasions of the utero-genital tract.

3. By complete evacuation of the uterine cavity. In cases miscarrying before the end of the third month the ovum is, as a rule, expelled en masse; but later, after the formation of the placenta, the fetus may come away without interference, but because of premature adhesion the membranes, or portions of them, are frequently retained. To illustrate the treatment we will suppose a case with rythmical pains, slight hemorrhage, no prutilage, and the ovum not detached. With these indications pursue the expectant plan. Maintain absolute asepsis, and an aseptic vaginal tampon if required as a prophylactic against hemorrhage. This plan failing after two or three days, proceed to manual or instrumental interference.

**Menstruation and Lactation.**—It is a generally received view that the supervention of menstruation during the period of lactation is prejudicial to the quality of the maternal milk supply, and therefore detrimental to the nutrition of the child (*Diet. and Hyg. Gaz.*). Most practitioners will probably state as a matter of observation, that menstruation unfits the mother as a nurse by reducing the quantity of the milk in addition to rendering it more "watery." In order to ascertain the real effect of menstruation on the quality of the milk, Dr Schlicter has made a series of analyses which seem to show that the current belief is founded on defective observation. In addition to careful examination of the composition of the milk during and after menstruation, he had the child weighed and its general condition noted at and after the same period. He reports that in respect both of casein and fat, the milk secreted during menstruation compared favorably with that furnished prior to that date. The differences observed, moreover, in no case equaled those which occur in the milk of the normal healthy female at the various periods of the same day; hence he declines to attach any importance to them.

**Removal of Aniline Stains from the Hands.**—E. B. Shuttleworth gives the following (Canada *Lancet*): The stains used in microscopic work are sure to leave their mark on the hands of the operator, and those who use pyoktanin, in ordinary practice, seldom escape the evidence of their manipulations. A little alcohol, or hydrochloric acid, will generally remove the greater part of these dyes, but, to do it completely, some bleaching agent is required. Sodium hypochlorite, in the form of Labarraque's solution, or

that of the calcium salt, are quite effective, but leave be hind the very disagreeable odor of these compounds. Unna has lately recommended a method which is convenient and unobjectionable. The hands are first washed in a solution containing a little—say five per cent—of common salt, and then in hydrogen peroxide solution, of about the same strength, being finally wiped with a cloth moistened with alcohol.

**An Intra-Nasal Tube.**—A method of holding the nasal bones or cartilages in place after fracture or operation wounds without interfering with nasal respiration has long been desired (*Lancet Clinic*). Dr. P. J. Gibbons has apparently filled the long-felt want. He recommends tubes of perforated metal so shaped as to fit closely in the nares. The perforations in the tube permit of the normal functions of the turbinated bodies being fulfilled at least in part. By putting a small sieve in the end of the tube pollen may be excluded without stopping nasal respiration. In this way the Doctor hopes to ward off hay fever in those subject to this malady. By doubling a rubber tube over the metal one, and filling the interspace with air or water from a syringe, epistaxis may be checked while breathing is still carried on through the nose. For this last purpose a female catheter will do as well. For use after operations, if the perforated tube is as successful in the hands of others as it is in those of the inventor, it will be a valuable addition to the armamentarium of the surgeon.

**Toxity of Cocaine.**—Dr. J. B. Mattison has made a study of cocaine toxemia and arrives at the following conclusions (*Times and Register*):

1. Cocaine may be toxic.
2. This effect is not rare.
3. There is a lethal dose of cocaine.
4. This dose is uncertain.
5. Dangerous or deadly results may follow doses usually deemed safe.
6. Toxic effects may be sequence of doses large or small, in patients young or old, the feeble or the strong.
7. The danger, near and remote, is greatest when given under the skin.
8. Cardiac or renal weakness increases the risk.
9. Purity of drug will not exempt from ill result.
10. Caution is needful under all conditions.
11. Reclus' method, Corning's advice, or Esmarch's bandage, should be used when injecting.
12. Nitrate of amyl, hypodermic morphine, hypodermic ether, alcohol, ammonia and caffeine should be at command.

**Labor followed by Delirium Tremens.**—Dr. A. A. Knapp reports the following case (Chicago *Clin. Rev.*): N. J., Danish, aged 37, primipara, entered Cook County Hospital July 14, 1892. Father died of apoplexy. Personal history good. Does house-work. Patient well nourished, plethoric, short and stout; physical examination negative. Fetal position found by abdominal palpation was occiput to right and posterior. Fetal heart tones heard between umbilicus and right superior spine, rate 144. Last menstruated October 15, 1891; felt motion in April, 1892. The next day she was delivered of a female child weighing about seven pounds, after a rapid and easy labor. Three days after delivery she became delirious, very nervous and unsteady, got out of bed and ran down stairs, and had to be forcibly carried back to bed and strapped. She was put to sleep by a good dose of morphine, as she had been sleepless for several nights, and put upon large doses of strychnia. Three days later the delirium had disappeared and the strap was removed. She made a good recovery, never having had a rise in temperature. She admitted drinking moderately of beer, but she had all the appearances of a heavy drinker.

**Seasickness.**—This is one of the most distressing troubles that afflict ordinary mortals. The majority learn to grin and bear it, for no remedy has yet been found that is efficient, although those proposed are numerous enough. One of our exchanges says: The recorded observations of a number of medical men having had wide experience with that distressing affection *mal de mer* indicate that the long-hoped-for specific is still beyond us. One gentleman uses no medicines, finding them to have been failures. He says: "As in 'meddlesome midwifery,' so in fussy and varied treatment of the sea sick have I seen very unsatisfactory issues." This writer advocates the very tight binding of the entire trunk, placing the patient in a horizontal posture upon the right side, washing out the stomach by giving a glass of hot water—which is at once rejected by that organ—and a very simple dietary.

Another writer, with equal firmness, asserts the cure of 95 per cent of cases by the exhibition of the following:

| | | |
|---|---|---|
| ℞ | Sodii bicarb., | 0.5. |
| | Sodii bromid., | 2. |
| | Aquæ, | 30. |

M.

Sig. Slowly sipped while in the recumbent position. Here, also, was the binder strongly recommended—a flannel binder.

Still a third writer—for long a ship surgeon—had found the best results from full doses of chloral hydrate.

**The Afebrile Course of Typhoid Fever.**—A paper has lately appeared on this subject by Dr. Wendland. Two cases were observed by him in the Friedrichshain Hospital, in which in spite of the afebrile course of the disease autopsy showed that the diagnosis of typhoid fever, already made, must be confirmed. From a diagnostic point of view, it follows that in the presence of the ordinary symptoms of typhoid fever, that disease must not be excluded from the absence of pyrexia. It further shows that the temperature range is not an infallible guide in the way of prognosis. It is

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also shown that in uncomplicated cases as it is not the temperature alone that determines whether a case will be fatal or not, the so called antipyretics cannot possibly be of any use in averting a fatal case.

**Botkin's Drops.**—In Russia they use very extensively (*Hosp. Gaz.*) a mixture known as Botkin's Drops, from the name of an eminent St. Petersburg physician who popularized the prescription. Here it is, as written down for me at the Alexandrovsky Hospital:

℞ Liq. anod. Hoffmanni,
Tr. Cinchona Co., - - - aa ℥j.
Quiniæ Mur., - - - - - ℥j.
Acidi Mur. dil., - - - ℥jss.
Ol. Menth., - - - - - gr.ss.
M.

It is a simple tonic and stimulant, more likely to be of service in the third stage than in the first, but they use it all through, and most of the upper classes in Russia get a little bottle of it, if they feel at all nervous, to carry about with them. The hydrochloric acid it contains may have a specific effect, for many medical men of great experience in cholera have a strong belief in the use of mineral acids, especially during the first stage in light cases. We may sum up the most approved medicines, therefore, for the period of diarrhea and vomiting as the mineral acids, opium, and tannin. Calomel, a former specific, appears to be under a cloud.

**Preparation of Glycerin Suppositories.**—Professor Joseph Remington read a note on this subject before the recent meeting of the American Pharmaceutical Association, from which we extract as follows (*Nat. Drug.*):

The problem which has confronted the pharmacist has been to combine a comparatively large quantity of glycerin with an inert body capable of giving the requisite solidity to the mass, and at the same time be soft enough to liquefy in the rectum. Very many formulæ have been in existence, but in the writer's opinion none gives as much satisfaction as the following:

℞ Sodium carbonate, - - - ℈ij.
Stearic acid, - - - - ℈iv.
Glycerin, - - - - - ʒxviij.
M.

Dissolve the sodium carbonate in the glycerin, add the stearic acid, heat carefully (preferably by the use of a water bath) until effervescence ceases; the solution is then poured into a suppository mold to make twelve suppositories. There is no necessity for cooling the molds with ice, although there is no objection to this in warm weather. As each suppository contains 90 per cent of glycerin, they must be protected from the action of moist air, which has a tendency to liquefy them. Several expedients are resorted to. Each one may be wrapped in tinfoil, or quickly dipped in melted paraffin; or each one inclosed in a small glass vial, without a shoulder, and made for the purpose of holding one suppository.

## Buffalo Letter.

Editor MEDICAL REVIEW.—The advent of autumn makes a marked change in the spirit of the medical profession of Buffalo. The vacations of the fortunate few, and the comparative leisure of those who were forced to remain in town are over, the societies have begun their meetings and both medical colleges are in session. The alarm at the approach of cholera has died away and, whether the concentration of thought on a cholera epidemic has acted as a mental inoculation against other disease or whether the hygienic measures enforced by Health Commissioner Wende and his astistants have had a noticeable result or whether the postponement of the usual equinoctial storms has been salutary, it is a fact that there was comparatively little acute sickness during September.

The Buffalo Academy of Medicine held its first regular meeting in September. The program was a discussion of lithemia led by Prof. Stockton and and participated in by a number of other prominent members. September 26 was the opening night of the medical departments of both the University of Buffalo and Niagara University. At the former, Prof. DeLancey Rochester read a paper on the history of cholera asiatica. At the latter, the customary preliminary lecture was dispensed with and, instead, Prof. Cronyn gave the students an informal talk speaking of the best methods of note-taking and giving many useful hints for the coming winter's work. Following the example of its older rival, the Niagara College now admits women to its classes.

Dr. C. C. Frederick recently operated on a case of gonorrheal pyosalpinx. The left tube was found to be much enlarged and the right tube, which was somewhat smaller, was coiled upon the left in front of the uterus. The two tubes were firmly adherent to each other and to the intestine and posterior wall of the pelvis. It was decided that the breaking up of these adhesions would endanger life from hemorrhage and shock. Accordingly Dr. Frederick resorted to a somewhat novel expedient, following the analogy of the operation for gastrostomy. After sponging out the peritoneum, the tubal mass was brought up into the lower portion of the abdominal wound and held in place by silk sutures penetrating a little beneath the peritoneal surface. Above this, a glass drainage-tube was inserted temporarily. At a subsequent operation, the tumor was incised and drained.

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In the absence of Dr. Roswell Park, Dr. Phelps con-

ducted the first surgical clinic at the Buffalo General Hospital. One of the patients was a girl who had an ulceration of the pharynx with almost complete stenosis, so that she had subsisted on liquid nourishment for sev eral weeks. The diagnosis lay between tuberculosis and syphilis. There was a tubercular family history but the patient was not phthisical. She gave an ac count of having frequently drank from public cups in the park and having suffered from sore mouth, tongue and throat, and on other parts of the body. An examination of some of the muco pus from the pharynx failed to show the presence of tubercle bacilli. Under chloroform anesthesia, tracheotomy was performed, the tube introduced and the isthmus faucium enlarged by means of the thermo cautery.

Dr. Cary showed, among other cases at the clinic, one of gonorrheal arthritis.

Dr. Stockton presented at his clinic, three days later, a patient dying of amebic dysentery, the second case demonstrated in Buffalo. He was inclined to believe, however, that several years previously while physician to the penitentiary, where there were many inmates from the South, he had seen several other cases of amebic dysentery without recognizing them at the time.

At the meeting of the Surgical Section of the Academy (formerly the Buffalo Medical and Surgical Association), Dr. H. T. Grant read a paper on "Earache," adapted to the needs of general practitioners. He emphasized the value of instillations of warm water from a fountain syringe. Poultices were deprecated as liable to cause perforation of the tympanum. Mastoiditis of more than forty-eight hours' duration called for incision and drainage. In scarlatina and other throat inflammations, local treatment of the throat was indicated to avoid the extension of specific inflammation through the Eustachian tubes.

Dr. Thornbury read a paper on sterilization and showed a steam sterilizer of his own device for rendering water, dressings and instruments aseptic. Of dry heat (including the actual flame), steam and boiling water for sterilizing instruments, preference was given to the last as the quickest, surest and least injurious. Even silk and woolen threads can be rendered aseptic by two or three minutes' boiling. The addition of ordinary washing soda ($NA_2CO_3$) to the water prevents any danger of rusting.

## Brooklyn Letter.

Editor MEDICAL REVIEW:—The American Gynecological Society, comprising a membership of about ninety specialists, held its seventeenth annual meeting, September 21, 22 and 23, in the city of Brooklyn. This city is favored by the residence of many prominent members. Women doctors were well represented, and one Chinese, Dr. Thoms, was present. Over twenty technical papers were read, some of which brought ani mated discussion. Dr. Charles Jewett, of Brooklyn, gave the address of welcome. The President, Dr. John Byrne, delivered the annual address, nearly two hours in length, reviewing the work of the Society and the progress of gynecology at home and abroad, and as a whole was a plea for conservatism in abdominal surgery. Considerable emphasis was given to this part of the paper by the fact that Brooklyn gained considerable notoriety, more than a year ago, through the operations of Dr. Mary Dixon Jones and her son, which caused much comment by the press at the time. Many of Dr. Byrne's points were received with applause. The social part was a pleasant feature. Dr. A. J. Skene first invited a large number number of the profession to meet the Society at a reception in the St, George Hotel, and about three hundred accepted the invitation. The next day the Society enjoyed a luncheon given them by the Medical Society of Kings County, Dr. T. L. Emery, President, and on the third day a luncheon was given them at the Union League club, by Dr. Chas. Jewett.

The second annual meeting of the American Electro-Therapeutic Association was held in the New York Academy of Medicine, October 4, 5 and 6. Dr. William J. Morton, President, delivered the annual address. Many important papers were read and discussed by such experts as Dr. A. P. Rockwell, Dr. Horatio Bigelow, Secretary of the Association, Dr. G. Apostoli, Dr. Augustin H Goelet, of New York, Dr. G. B. Massey, of Philadelphia, Dr. Margaret A. Cleaves, of New York, and others. The Association is composed of members of the medical profession who are specially interested in the study of electricity as applied to disease. It is not many years since work in this line was looked upon as disreputable, while to-day, all the medical colleges deal with it more or less, and seldom is there an issue of a medical journal without something in reference to it. The use of electricity is now common among physicians, some of whom will advise a patient to get a battery and use it. Would any one recommend a patient to get a lancet and use that? For this reason it is a hopeful sign that those who are most interested in the scientific use of such a powerful agent as electricity has proved itself to be, should undertake to place it on a scientific basis, and this Society has an important work before it.

The Brooklyn Pathological Society devoted the evening of Thursday, October 13, to the consideration of Cholera Asiatica. The probability of its appearance among us next summer gave interest to the occasion, as was evinced by the good attendance present. Dr. E. H. Wilson, who has spent much time in work with Dr. Sternberg, read a paper on the biology of the disease, showing the methods of collecting and handling the material in the laboratory, and the character of the spirillum. He emphasized the paper both by illustrations on the screen and the exhibition of cultures. A very interesting talk by Dr. Geo. T. Kemp, on the pathology of the disease, showed that the action of the bacteria was to produce a ptomaine, the action of which was to dehydrate the blood, which in turn dehydrated

the tissues of the body, and thus the system was robbed of all its water, which was poured through the evacuations, the cholera patient's blood being thick like tar. There was almost a complete suppression of urine, which added uremic poisoning to that of the other action. He also spoke of the practice of the eminent Italian physician, Cantani, who gave injections of tannic acid solution in large quantities, so as to pass the ileo-cecal valve, and sometimes he added a little salt. In severe cases he used subcutaneous injections of salt and water.

New York's Columbian Celebration has come and gone with great credit to the city. Never before was so much enthusiasm aroused for any public demonstration, or such extensive and expensive decorations of public and private houses. Never before did such immense crowds line the five miles of the procession, or such a long line of paraders march by, both day and evening, and the two evenings of fireworks on the great bridge outshone all previous exhibitions. The medical point of all this is, that physicians were stationed along the line, at intervals of half a mile or so, and further the ambulance corps was ubiquitous and very frequently called into requisition. Electricity so interweaves all things as to make the service act as one man, as illustrated by a little incident observed on a previous demonstration. A street gamin fell from a vantage point to which he had climbed to better view the procession. Evidently he was seriously hurt. A policeman rescued him from the crowd, and in five minutes an ambulance carried him to where he could be tenderly cared for.

CHAS. H. SHEPARD, M.D

## Large Child.

Editor MEDICAL REVIEW.—Some time ago you expressed a desire to hear from some of us "Country Practitioners," and seeing in a late number a report of a case of a child weighing 14 pounds and 2 ounces, I desire to report a similar case: Mrs. C., large English woman, had been very restless during pregnancy, which in this particular differed from her previous eleven pregnancies. I was early in attendance. Labor began at 8 A. M., and was progressing well, when suddenly all pains ceased, and I worked hard until 5 P. M., when having again aroused them to full force by quinine, administered every twenty minutes. Soon a child came down. I gave ergot, and at 6 P. M. delivered her of a boy baby that weighed 14½ pounds; measured 16½ inches around the chest, 5½ inches around arm, 8 inches around thigh, 12 inches across shoulders on the back, and 24 inches in length. He was black in the face and no signs of life were apparent. I made artificial respiration, and as soon as he commenced breathing I applied electricity which caused him to give mouth to a good lusty squeal, and then began breathing naturally. I cut the cord, had him washed, and rubbed with whisky; he is now two weeks old and growing finely. The mother made a good recovery, but says she wants no more of this size. She was confined 23 months previously with a 12-pounder that had two teeth when born, and is now running around fat and hearty. She says this makes the even dozen full-blooded Democrats.

In 1852, during the cholera on the Ohio River, I lived in Monroe County, though young at the time. I remember most vividly its fearful ravages. There was no doctor in our town, and my mother and father were frequently called upon to attend the sick until a physician could be procured; they invariably gave Dr. D. Jaynes' carminative balsam, and I do not remember a case in which the stomach retained it that recovery did not take place; and until I came to the mountains, I have used it in my practice with success in all derangements of the bowels. I mention this because I believe many a case could be relieved if some such remedy was used until the doctor arrived.

In regard to prescribing our own medicine, I say yes; I cannot do otherwise, as it is 37 miles to the nearest drug store, and most of the time they have not what you want, so I have arrangements made with a wholesale store in Ogden, and order what I need in original containers, thereby always getting the pure drugs from which my patients receive the greatest benefit.

By the way, how are we poor country doctors going to manage about attending the Worlds Fair? Can't some one suggest a feasible plan? I have an idea which when fully evolved I will submit to the many readers of the REVIEW.

WM. H. ANDERSON, M.D.

Portage, Utah.

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**Chronic Malaria** is in most cases a misnomer (*Med. World*). Let us examine a person who has had repeated attacks of intermittent fever. He is in a debilitated condition. His appetite is capricious. He has every day or every second day an imperfectly defined stage of vital depression followed by slight fever, which passes off, leaving him weak but apparently well. Now, this patient had originally intermittent fever, caused by the malarial germ in the blood, but he hasn't it now. It was cured, very likely, by the use of quinine. But quinine does but little good in his present state. Why? The subsidence of the original attack has left him with sub-acute gastric or duodenal catarrh or sub-acute inflammation of the spleen or other organ. This is the chronic lesion, only a relic of the original attack, which leaves him in a non resistant state, especially liable to be again affected by acute malaria or other acute disease, and having in a mild form, a true hectic—a daily or tertian struggle to eliminate from the system the absorbed products of the chronic inflammation. In this condition arsenic and systemic tonics act with especial benefit. The chronic gratric catarrh, almost always present, must be treated as a special condition. Alkaline draughts and hydrastis are of the greatest value. Arsenic, coca and the bitter tonics—especially quassia and dogwood—are also of great value. Intestinal laxatives and antiseptics are indispensible in the treatment. Capsicum and salicylate of ammonium are of service.

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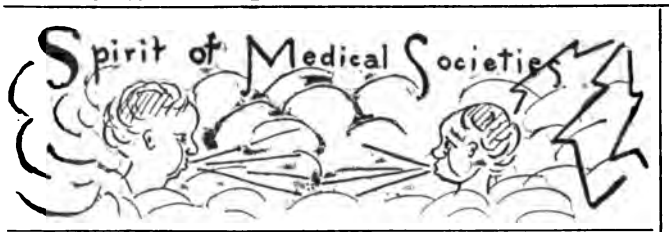
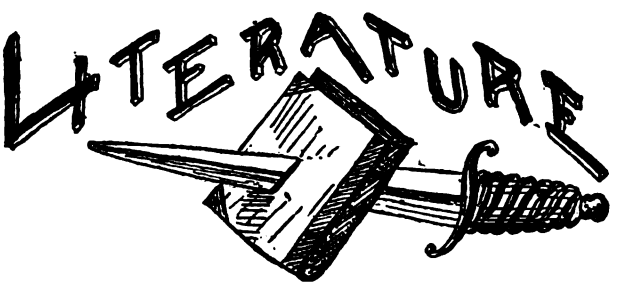



**Ectropion of Both Upper Lids From Disease of Orbital Roof.**—Dr. Hiram Woods related a case to the Chemical Society of Maryland, and exhibited the patient. When the patient, a colored boy, first came under Dr. Woods' care he had had abscesses over the upper eyelid of each eye, which had ruptured spontaneously, leaving fistulous openings about the middle of each lid, from which pus exuded. With a probe, small areas of denuded bone could be felt about an inch back in each orbit. The patient was put upon tonic treatment, and the sinuses healed. The lids were enormously hypertrophied, and the entire edge of the lid was fastened with cicatricial tissue to the edge of the orbit. Dr. Woods operated upon one eye in October, 1891, and upon the other three weeks ago. The edge of each lid was dissected from its position and stitched for the time being to the lower lid. The skin was freely undermined, and the horizontal position was converted into a vertical one. The results were highly satisfactory.

**The Etiology of Club-foot.**—Dr. Samuel Ketch read a pager before the American Orthopedic Association (N. Y. *Med. Jour.*) on this subject in which he reviewed the five prominent theories regarding the causation of club foot—viz: (1) The theory that pathological changes occurred *in utero;* (2) the theory of heredity; (3) the theory of mechanical forces acting on the fetus; (4) the theory of arrested development; and (5) the theory of non-rotation or of retarded rotation. In one hundred and ninety-six cases analyzed by him, only ten gave unmistakable evinence of heredity, and, while maternal impressions were often assigned as the cause, careful inquiry not infrequently revealed the fact that "impression" had been received too late in gestation to affect the development of the part in question. The third theory had the largest number of adherents, but the objections were that in the early months of pregnancy, when there was an abundance of amniotic fluid in proportion of the size of the fœtus, and hence when there could be no injurious pressure, the deformaties were already present; that other parts subjected to the same pressure were not deformed at birth; and that in most cases of congenital club-foot there was nothing unusual about the quantity of amniotic fluid. The author had collected 617 cases of club-foot, 421 of which were of the acquired type. Leaving these out of consideration, there remained 196 cases, of which 126 had occurred in males and 70 in females. There were 150 cases of equino-varus, 3 of equino-valgus, 14 of pure varus, 2 of pure valgus, 4 of equinus, and 16 of calcaneus. In 3 the variety was not mentioned.




**Medical Matters Mentioned in Jest by Selah.** 12mo., pp. 59. One hundred illustrations. [Chicago: Era Publishing Co. 1892. Price, 50 cents net.

"There is a time to laugh" and no one has more difficulty to find this time than the busy practitioner, nor is there any one more ready to enjoy the jest made at the expense of his profession. Since time immemorial the doctor has been made the but of innumerable jokes and he has been more active in the circulation of these than any one else. In the little book before us we have presented nothing but short witticisms, humorous dialogues, and verses which can not fail to pleasantly beguile many a weary moment. Whilst here and there an old friend may be found, it will only serve to give added zest to the others to which an introduction is afforded. The illustrations are profuse and withal they each possess a certain quaintness which makes them quite in keeping with the text which they serve to illustrate. The book would be an excellent one for every physician to keep in his waiting room, but unfortunately he could not *keep* it there as the very first patient who saw it would become its possessor without saying as much as "by your leave."

**The Mastoid Operation Including Its History, Anatomy, and Pathology.** By Samuel Ellsworth Allen, M.D. 12mo., pp. 111. [Cincinnati. Robert Clarke & Co. 1892.

This little monograph is certainly one deserving of more than passing notice. The author has given us a concise presentation of a more than ordinarily interesting and useful subject. He divides his work into four chapters the first of which is devoted to the historical portion. In the second we find anatomical considerations entering. He enters fully into the localizations of the tympanic cavity, antrum mastoidosum, horizontal semi-circular canal, their vulnerability and the external incisions which are to be made in order to reach the desired structures. Caries and necrosis of the various structures about the mastoid portion are considered in Chapter III. In addition to this the other pathological conditions found in conjunction or remotely connected with troubles of the mastoid process are taken up. The concluding chapter deals with the operations to be made in the various conditions.

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A great aid in the elucidation of the subject are the

numerous figures and plates which have been interspersed throughout the text. The entire subject has been dealt with in a very lucid manner and much original anatomical research has been incorporated by the author. This little monograph is a progressive and valuable contribution to otological literature.

**Pictures for Physicians' Offices** and Libraries of superior artistic merit are offered to the profession by Wm. Wood & Co., of New York, at extraordinarily low prices. They have published seventeen photogravures on heavy plate paper comprising a choice of subjects which is well made. With one exception they are all 19x24 inches and cost $1.00 each postpaid. This exception is that regresenting Prof. Billroth's Surgical Clinic at Vienna. It is 24x32, the price being $2.00. We have received a copy of this magnificent picture and it is a work of art in every respect and worthy of decorating any physician's office or library. Any one desiring to obtain more particulars can do so by addressing the publishers of the REVIEW.

**Cholera Corollaries.**—The following are given in the Denver *Medical Times*:

1. Something more than a half million human beings, probably, have perished this year from the cholera, and the death rate has been over fifty per cent among those attacked. The disease has, therefore, cut an important figure in the world's mortuary record, and it is not an easy one to eradicate when once it has firmly grasped an individual or a community.

2. Almost no American or English travelers or residents upon the Continent, have fallen victims to the cholera. Ignorance, superstitious fear, poverty and filth are bosom friends of the plague, while civilized personal cleanliness is its most deadly enemy.

3. So far there have been less than a dozen deaths from cholera this season on the land surface of the United States. These few cases have been confined to the city of New York. No other cases followed in the same houses or localities. A strict and intelligent quarantine both on sea and on land is a wonderful prophylactic against the invasion of the epidemic.

4. Many cities have "cleaned house" since the approach of the cholera. In these cities the death rate at once fell from ten to fifty per cent below its late previous average. This marked decline was especially noticeable as regards cholera morbus, cholera infantum and similar maladies. Municipal sanitation is no less imperative than that of the individual.

5. The germ of cholera is transmitted by way of food, clothing, and above all, the water supply for drinking purposes. In cholera times the water should be as pure as possible and be also boiled, the food should be taken hot, clothing should be changed more frequently than usual, and the standard of health should be kept as high as it can be.

**The Next Congress** of French Scientific Societies will take place in Paris. The first general meeting will be held in the Sorbonne on April 4, 1893.

**Humanity and Health** is the title of a new monthly which has just appeared in New York. Dr. E. A. Jennings is editor. It may interest our readers to know that E stands for Ella.

**Pasteurism in Brazil.**—The total number of persons who applied for treatment at the Pasteur Institute of Rio de Janeiro from February 8, 1888, to June 30, 1892, is given in a report published in the *Gazeta Medica da Bahia* as 1,149.

**La Revista Medico-Quirurgica Americana** has just appeared. It is a quarto monthly published in New York and printed entirely in the Spanlish language. The editors are Drs. Samuel E. Milliken and Pedro J. Saliorup. It is intended to push its circulation in Mexico, South America, and the Antilles.

**The Provincial Medscal Officers,** in Denmark are evincing grave dissatisfaction with their position, their work being exceedingly heavy and their salaries most inadequate. They are beginning to refuse to continue to act, and the medical press urges them on and expresses hopes that no other medical men will consent to accept appointments until the pay per visit is materially improved.

**A Curious Incident.**—A curious case occurred recently in the out-patient department of one of the London Hospitals. A woman attending for fibrous stricture of the rectum said she had swallowed a sovereign and a half about a fortnight before, "when larking." The surgeon in attendance examined the rectum and removed three sovereigns from the stricture with a pair of forceps at one grip.

**The St. Louis Medical College** recently celebrated its fiftieth anniversary. The occasion was well attended and the celebration was held in the magnificent new building which had been finished but a few days previously. A large attendance graced the proceedings, many of the distinguished alumni of this school being present. A new life has been infused in this institution since it has become a part of the Washington University and a prosperous future is assured for it.

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**Dr. F. L. McEwen,** of Rosemark, Tenn., died of malarial congestion September 13th, 1892.

**The Sixth Meeting** of the Southwest Arkansas Medical Association convened at Hope, Tuesday, October 4th, at 10 o'clock A.M. and was quite a successful one.

**West Tennesee Medical and Surgical Association.**—The first semi annual meeting of the Association was held in Jackson, Tennesee on the sixth inst.

**Dr. J. E. Halbert,** fomeraly a prominent and influential citizen and leading physician of Mound Landing and vicinity, died some time since in New Orleans, of congestion of the brain.

**California Northern District Medical Society.**—The second annual meeting of the California Northern District Medical Society was held at Chico Tuesday, October 18, 1892.

**The Southern Journal of Homeopathy** has been purchased by, and will hereafter be published in Baltimore under the management of, Drs. Eldridge C. Price, Frank C. Drane and Henry Chandlee. The *Homeoepathic Advocate*, for the past year conducted by the gentlemen above-named, will hereafter be in charge of the Faculty of the Southern Homeœopathic Medical College, and will be issued as the organ of the Maryland Homeœeopathic Hospital.

**Another Fraud.**—Dr. Flohrsterfer writes to the *Journal of the American Medical Association*: Please give publicity through your journal to a confidence game that is being worked on physicians in this State and probably in others. A "special agent" sailing under the name of F. C. Washburn, of St. Paul, Minn., goes from city to city appointing medical examiners for the Bankers' Mutual Aid Association of St. Paul Minn. The examiner is naturally requested to take a policy for which he pays $5.00 quarterly dues in advance. No policy ever appears and the appointment is bogus.

**Dr. Elizabeth Blackwell,** after refusal of admission to matriculation by a number of colleges, finally got into one which thereby made the initiative in the reception of women (*Times and Register*). One morning the lady was missed at the anatomy lecture; the lecturer explained that, as they were approaching delicate subjects, he had advised her to absent herself. As she had paid for a full course, she offered, if she were likely to embarrass him, to remove her bonnet and take a back seat. She trusted that his interest in his subject would cause him to forget her presence. She received an ovation from her fellow-students, and, in due course, took the first medical diploma granted in the United States to a woman.

**The Hon. Judge Church,** who died in Montreal on the the 31st of August, at the comparative early age of fifty-six years, was also a medical man, and while practicing as a member of the bar, took a lively interest in medical matters, especially medical legislation.

**Do Doctors Get Cholera?**—The impression that physicians who attend cholera patients do not get the disease is not well founded. Of the fifty doctors who went to Hamburg to assist in the work there, hardly one, we are told, escaped a more or less severe choleraic attack.

**Cremation.**—The question of burning dead bodies is now being agitated in England. Sir Spencer Wells and Sir Henry Thomson are both in favor of it. They propose the erection in every port of a Crematory where the body with their clothes and bedding could be cremated. They assume that the cholera becillus maintains its viability for many days in the ground.

**The Virginia Pharmaceutical Association** held its Eleventh Annual Meeting in Petersburg, Va., October 11th, 12th and 13th, 1892—unavoidable circumstances having made it necessary to change the place from Fredericksburg. It proved to be a delightful and profitable session. Mr. M. E. Church, President; Mr. T. Roberts Baker, Richmond, Va., Corresponding Secretary; Mr. E. R. Beckwith, Petersburg, Va., Chairman Committee of Arrangements.

**The Keeley Gold Cure.**—The London correspondent of the *Physician and Surgeon* says: This is essentially the opoch of credulity in patent medicines, and accordingly the Keeley gold cure for inebriates has been causing some little sensation, but the medical profession have shown that they have no confidence in the treatment whatever. Analysis of the so-called remedy reveals something different to what the proprietors claim, and when quacks assert one thing, and science sets a different version on it, the article has little chance of any permanent success. There are of course people who have faith in almost anything, and it is to these that Keeley people will require to look for support.

**Detroit Academy of Medicine.**—The twenty-third annual meeting was held September 13. Dr. Geo. C. Palmer, of Flint, read a very interesting paper regarding the management of State Institutions, advocating the asylum treatment of the insane, and urging utilization of the clinical material in the asylums for scientific purposes. Dr. Manton, the retiring president, read an able address, dealing for the most part with septic complication of the puerperium. The following were elected to office for the the ensuing year: President, Dr. W. J. Wilson; Vice-President, Dr. W. J. Cree; Secretary, Dr. W. E. Clark; Treasurer, Dr. R. J. Kelley. Dr. Manton entertained the members with a collation.

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**German Medical Journals** urge the compulsory cremation of the bodies of those who have died of cholera.

**The Tri-State Medical Association** of Mississipi, Arkansas, and Tennessee will hold its next annual meeting Nov. 17 next.

**Hypnotism** seems to have some beneficial effect on stammering, and some doctors who are adepts in the art are gathering in the shekels with some rapidity.

**The Babies' Hospital.**—Dr. A. Blair Thaw, of New York, has given $10,000 to the hospital for the erection at Seabright, N. J., of a cottage to be used as a country branch during the summer.

**A Medical Home.**—An admirable example has been set by the municipal council of Buda Pesth by subscribing 15,000 gulden toward the building of a house and home for the medical societies of that town.

**Dr. J. M. Beausoleil,** of Montreal, has been elected Registrar of the College of Physicians and Surgeons, P. Q. Those of our subscribers residing in the Province of Quebec should make note of this fact. He replaces Dr. LaRue of Quebec.

**American Gynecological Society.**—The officers elected for the ensuing year:

President—Theophilus Parvin, of Philadelphia.

Vice Presidents—Wm. H. Parish, of Philadelphia and Wm. H. Baker, of Boston.

Secretary—H. C. Coe, of New York.

Treasurer—M. D. Mann, of Buffalo.

Council—B. B. Brown, A. P. Dudley, E. C. Dudley, Willis Ford.

Honorary Members—Robert A. Battey, of Rome, Ga.; and Prof. Morisani, of Naples.

The next meeting will be held in Philadelphia on the third Tuesday in May, 1893.

**At the Recent Meeting** of the American Electro-Therapeutic Association, the following officers were elected for 1893:

President—August H. Goelet, New York.

First Vice-President—Dr. Wm. F. Hutchinson, of Providence, R. I.

Second Vice-President—W. J. Herdman, of Ann Arbor, Mich.

Secretary—Dr. M. A. Cleaves, of New York.

Treasurer—Dr. R. J. Dunn, of Savannah, Ga.

Executive Committee—Dr. W. J. Morton, of New York; Dr. G. Betton Massey, of Philadelphia; Dr. Robert Newman, of New York; Dr. Chas. R. Dickson, of Toronto, Canada. Dr. J. H. Kellogg, of Battle Creek, Mich.

Next place of meeting, Philadelphia, on Tuesday, Wednesday and Thursday following meeting of Pan American Congress.

**We Regret** to report the death of Dr. Alexander Keiller, of Edinburgh, at the advanced age of 81. For two generations Dr. Keiller has been a prominent figure in the medical profession in and about Edinburgh.

**Great Advertising.**—The following advertisements are remarkable: they are taken from a Glasgow paper:

"INTERESTING TO GENTLEMEN.—Dr. Sutherland successfully treats those diseases and weaknesses which require gentlemanly honor and extensive skillful experience. Dr. Sutherland has been long held in high public esteem, having served for seven years in the Town Council of Edinburgh. He was licensed by the Royal Colleges of Physicians and Surgeons in 1871, and has thus had twenty years' experience in this special department of medicine. Pamphlet on the above subjects written by himself, six stamps. Note Address 342, Sauchiehall St. Glasgow."

**Medical Inspection of Schools in France.**—On learning that every year 60,000 children attending primary schools die. M. Bourgeois inquired as to the medical inspection of these establishments. He has ascertained that everywhere it is gratuitous, and only practiced in times of epidemics; in thirty departments there is no sort of inspection, and in most schools hygiene is not thought of by teachers. The Minister is preparing a Bill to secure inspection by well qualified doctors, and will propose that dispensary doctors be also appointed to inspect primary schools. Things are on a different footing in the communal schools of the city of Paris, which are regularly inspected. Girls and infants are, as much as possible, placed under the inspection of lady doctors.

**A Little too Quick.**—The *Hospital Gazette* publishes the following: Dr. Thomas McCrasson, of Long Island Sound, finding a Mrs. Walthers on the ground half unconscious and apparently choking, jumped to the conclusion that the symptoms were due to the unfortunate lady having swallowed her false teeth, the site usually occupied by them in her mouth presenting the appearance of an aching void. With what would, under more auspicious circumstances, have been commendable promptitude, he proceeded to perform tracheotomy, but without finding the denture or affording marked relief to the symptoms. The teeth were subsequently found snugly ensconced beneath the pilow, and inquiry elicited the fact that the symptoms were due to patient having taken some carbolic acid, from the effects of which she died in a day or two. The husband threatens Dr. McCrasson with an action for damages on the ground that he is directly responsible for his wife's death in consequence of having unnecessary performed tracheotomy. It is imposiible not to sympathise with the doctor in a very delicate and unpleasant predicament, but there can be no question of civil, still less of criminal, responsibility.

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**Good News.**—Metcalf's provings show that the ulceration of cornea which has been credited as a result of apis in many of our works on symptomatology, was caused by a wasp sting.

**Drug Stores in United States.**—According to the *Pharmaceutical Record* there are over 34,000 drug stores in the United States. In the Eastern States there are 10,649, in the Southern 6,239, in the Central 13,073, and in the Western States 4,575.

**Munificent Gift to Cumberland.**—Mr. Simmond, a wealthy resident of Southport, England, has announced his intention of giving the county of Cumberland £20,000 for hospital purposes £1,000 of which is to be used for the building of a cottage hospital at Penrith.

**First Sign of the Menopause.**—Naphey says the first sign of the menopause is an accumulation of fat forming two distinct prominences at the lower part of the neck on a level with two lower cervical vertebræ. He considers this an infallible index of the period of a woman's life.

**Pelvic Measurements.**—We are indebted to a contributor, says the *Hospital Gazette* for the following "Aid to Memory":—Pelvis measures in inches, brim, cavity, and outlet:—Transverse, five, four three-quarters, and four; but conjugate, four and a half twice, and five; whilst oblique, is five all the way through.

**Mitchell District Medical Society.**—The fol lowing officers were elected at its recent meeting:

President—Dr. Dudley S. Reynolds, Louisville, Ky.

Vice-President—Dr. C. W. Murphy, Salem, Ind.

Secretary and Treasurer—Dr. George W. Burton, Mitchell. Ind.

Place of next meeting—Spencer, Ind. Time, December 29, 30, and 31, 1892.

**Modesty.**—We find the following modest claim in a homeopathic exchange: One of the signs of the times is that the average homeopathic practioner is a better read man than his allopathic brother. The verdict of the medical book agent is that the members of our school subscribe more liberally to the general medical literature of the day, than do the men of the older school; and they read what they buy, too.

**Gift of a Hospital.**—We are informed that under the will of the late Mr. Edwin Smallwoord, of Red ditch, the sum of £5,000 has been left to his trustees to found and endow a hosital in that town, to be called the Smallwood Hospital. Through the generosity of his brother, Mr. W. Smallwood, the residuary legatee, a further sum of £10,000 has been added to the above. In addition the sum £1,000 has been promised by Mr. S. Allcock, and £500 by Mrs. T. Bartlett, for purchase of site, etc.

**Professor Moleschott.**—The friends and admirers of Professor Jacob Moleschott, of Rome, who celebrated the completion of his seventieth year on August 9th, propose to commemorate his services to science by placing a bronze bust of him in his lecture room. A committee has been formed for the purpose which includes the names of Professor Bizzozoro, Mosso, Albertoni, Struever, Luciani, and others of hardly less note.

**Enforcing the "Sweat-Shop" Law.**—Since the law was passed in Massachusetts providing for licensing tenement-house clothing workers, 650 temporary licenses have been issued. Of these places 350 have been inspected, 200 have been approved and 90 refused licenses, the others having been allowed time in which to improve their premises. The district police have taken up the matter energetically and are doing their best to make these places as clean as posiible. In order to be thorough, a larger force of inspectors is needed.

**Physician and Dramatist.**—We learn from the *Evening News and Post* that Dr. Dabbs, the Isle of Wight physician who attended Lord Tennyson during his fatal illness, is well known in theatrical circles as a facile dramatist, who has once or twice produced pieces of considerable merit. He is also a poet of distinctly more than minor ability. A piece of his which Mr. W. H. Vernon recites with thrilling effect is perhaps one of the most harrowing monologues that was ever written. Dr. Dabbs and Mr. Righton, the well known comedian, have collaborated in dramatic work. Some time ago when Mr. Righton, was compelled by serious indisposition "to retire from business" and recuperate, he took his abode with Dr. Dabbs, who set the actor on his legs again. When that desirable object was accomplished doctor and actor set to work and wrote a drama.

**American Quacks Abroad.**—Dublin has not been left long to mourn the sudden departure of Professor Moross, instead of being compensated on the double, three eminent American doctors have taken a large house in one of the most fashionable squares of the Irish metropolis, and issue the following advertisement in the local papers:

THE DOCTORS IN DUBLIN.

"Services first three months free. The staff of eminent American physicians, permanently located at 48, Rutland Sqnare West, give services free for three months to all who visit them before November 1st; but medicines, of course, charged for.

"The eminent doctors treat all forms of chronic disease, especially male and female weaknesses, catarrh, catarrhal deafness, &c., but accept no incurable cases. The doctors will examine your case thoroughly free of charge, and, if incurable, will frankly, kindly say so.

"Catarrh and catarrhal deafness are positiuely cured by their American treatment.

"Hours 10 to 4; evenings, 6 to 8; Sundays, 10 to 12."

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**Dr. Alfred Leach**, the medical witness in the *cause celebre* of 1886, in which Mrs. Bartlett was tried for the murder of her husband by administering chloroform, has just died from blood-poisoning, said to have been contracted while investigating the sanitary condition of a house in which diphtheria had broken out.

**The Harveian Oration** before the Royal College of Physicians of London, was delivered by D. J. H. Bridges, on Tuesday, October 18th, at 4 p. m. On Tuesday, November 8th, at the same hour, the Bradshaw lecture will be delivered by Dr. S. J. Gee, who has chosen for his subject "The Signs of Acute Peritoneal Diseases."

**Thiocamf** presents a ready way of using sulphur dioxide as a disinfectant—the chief obstacle to its use previously having been that, in spite of its known efficiency, it was not convenient in use. Thiocamf, however, a combination of camphor and sulphurous acid, presents the germ-destroying agent in a very concentrated and convenient form.

**A General Complaint.**—An eastern contemporary says: Practice remains dull over the city as far as reported. In fact, the general practitioner has found unusual opportunity for side pursuits this summer. By some this slackness in medical work is ascribed in part to the more elegantly equipped dispensaries in which hundreds of well-to-do citizens obtain free treatment.

**Proposed Higher Medical Degree in France.**—The French Minister of Public Instruction has, it is stated, submitted to the Council of the Faculties of the Universities of France a proposal for the establishment of a medical degree superior to the ordinary M. D., carrying with it the style and title of "Docteur es Soiences Medicales" (Doctor of Medical Science).

**The Death** is announced of Dr. G. D. Longstaff, (father of Dr. Longstaff, member of the London City Council) at Wandsworth, on September 23rd, at the age of 84. He was widely known for his public benefactions. He built and presented to Wandsworth the Longstaff wing of the Free Library, which was opened a few years ago. Quite recently it was mainly due to Dr. Longstaff's munificence that that institution was freed from a debt of £4,000.

**Eighty-two Cents a Day.**—A private telegram recently published in the *Berliner Tagblatt*, stated that several physicians(who, in response to the appeal made by the Hamburg authorities for extra medical assistance, undertook service in that city without having stipulated definite terms) were offered 3s. 6d. as their daily remuneration whereas laborers engaged for the transport of the sick are being paid at the rate of 15s. per day. On refusing such a preposterous offer the doctors in question, the writer says, were abruptly dismissed without a word of thanks.

**For Earache**, apply 6 per cent. solution of cocaine or 20 per cent. solution of carbolic acid in glycerin.

**In St. Petersburg** cholera stools are emptied into huge cauldrons and boiled. Examinations made after boiling show that the stools are thereby completely sterilized.

**Society for the Study of Inebriety.**—A quarterly meeting of this society was held on October 4th, in the rooms of the Medical Society of London, the President, Dr. Norman Kerr, in the chair. The President called attention to the recent correspondence in the *Daily Telegraph*, and the work of the departmental Committee now sitting, to inquire into the best mode of dealing with inebriates, as hopeful signs of the speedy enactment of compulsory legislation. Dr. H. W. Williams, in a paper on "The Urgent Need for Amended Legislation for Inebriates," based this plea on three considerations: (1) as regards the inebriates themselves; (2) as regards the families and relatives; (3) as regards their neighbors and society at large. He contended that inebriety was a disease, requiring medical and hygienic, as well as mental and moral treatment. As their will had been broken down, compulsory seclusion was called for in their own interest, as well as for the protection of the relatives and the community. In the ensuing discussion, Drs. Arthur Jamison, Joseph Smith, Longhurst, Heywood Smith, F. J. Gray, Usher, and Brigade-Surgeon Pringle took part.

**The Black Death.**—A Berlin paper takes the following description from Russian papers:—"The Asiatic cholera and the plague are nothing compared with the terrible epidemic which has been scourging the population of Turkestan for some days past. A report of the Governor-General of Turkestan, which arrived at St. Petersburg on Sept. 23d, stated that 'the Black Death,' as the Tartars call the devastating epidemic, visited the district of Askabad, which had a population of 30,000, on September 10th, and swept away 1,303 victims in six days. Against the Black Death, which has been known in Western Asia for a long time past, there is no remedy. Like a death-bringing poisonous desert wind it suddenly attacks whole regions, sweeps away man and beast, and then vanishes as swiftly as it came. It begins with violent ague fits, which last for about an hour, at intervals of five minutes, shaking the patient from head to foot. Then comes intolerable fever heat, the vessels swell, the pulse beats faster and faster, and the temperature keeps constantly rising. The patient is seized with convulsions and fainting fits and tortured with terrible pains. Suddenly the limbs become cold and rigid, the patient cannot move, and only utters from time to time a wailing sound that strikes all who hear it with horror. This second stage lasts only from fifteen to twenty minutes, and then, after a short interval, during which heavy breathing is the only sign of life, death comes. Then large black plague boils cover the body and decomposition sets in in a few minutes."

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**Arrangements** have now been completed whereby certain of the wards of the Edinburgh Royal Infirmary will be open to lady medicals as soon as the winter session commences. Two wards will be reserved for their exclusive use; in the one surgical cases will be treated and cliniques given by Dr. J. M. Cotterill, in the other, formerly a nurses' dormitory, Dr. Byrom Bramwell will give the ladies instruction in medicine.

**A Rare Case of Tuberculosis** of the stomach is reported in a woman of fifty-eight years. She had been ailing four months. Edema had set in both legs, but it disappeared before death. The post mortem showed stomach somewhat dilated, and at its pyloric end ulceration, with thickening of the edges in places. By the microscope this was found to be tuberculous. Sup purating caseous glands stretched along spine behind the pancreas, and also in the right axilla.

**Sewerage of Paris.**—A great deal is now being said about the system of drainage in Paris. The chol era epidemic has been seized upon as a pretext to advocate the continuation of the cesspool system. The Seine, we are told, is contaminated because some houses drain directly into the sewers, and the sewers have their outfall in the river. Already, however, one-third of the sewage is utilized for the irrigation of the mar ket gardens on the plain of Genneviliers. In time it is proposed to throw the other two-thirds on the plains of Acheres and of Mery. Then Paris will no longer contaminate the Seine.

**Baron Leon De Lenval,** of Nice, offers a prize of 3000 fr. to the inventor of the best application of the principles of the microphone in the construction of a portable apparatus for the improvement of hearing in deaf patients. Instruments for competition should be sent to Professor Adam Politzer, or Professor Victor V. Lang, Vienna, before Dec. 31st, 1892. The prize will be awarded at the Fifth International Otological Congress to be held at Florence in September, 1893. If no instrument is judged worthy of the prize, the jury reserve the right of announcing annother competition, unless Baron de Lenval decides to otherwise dispose of the prize.

**Death of Dr. Henri Gueneau De Mussy.**—The news of the death of Dr. Henri Gueneau de Mussy, who lived for many years in this country, will be received with deep regret by a large number of attached friends. During his long residence in England, where he accompanied the exiled King Louis Phillippe, and the other members of the Orleans family, whose trusted physician and friend he was during the greater part of his life, Dr. de Mussy was elected a Fellow of the Royal College of Physicians of London, a rare honor for a foreigner. Amiable, cultivated, skillful in his profession, and first in arts and literature, he made innumerable friends and no enemies.

**Alleged Fraudulent Dispensaries.**—In accordance with a call (*N. Y. Med. Jour.*) signed by thirty physicians of the down-town east side district of New York, a meeting of the profession of that part of the city was held Oct. 8th, at No. 200 East Broadway, to confer as to measures for eradicating so-called free dispensaries for the poor where, says the call, "the poor and ignorant are deluded and swindled."

**M. Pasteur** will attain the age of 70 on December 27th. A subscription has been opened by a committee of the Society of Physical and Chemical Sciences at Copenhagen to offer him a medal on that occasion. The well known Danish brewer, Mr. Jacobson, takes an active part in this movement, in recognition of the immense services rendered to the brewing industry by M. Pasteur's researches regarding fermentation.

**The St. Louis Medical Society** at its regular meeting held October 22, among other things considered the following Amendment to the Constitution, which was voted upon and defeated:

Amendment, Art. I., Sec. IV. The election for associate membership shall be by ballot, and no applicant shall be considered elected who shall not have received at least four-fifths of the votes of the associate members present. Applicant for associate membership must have engaged in the practice of medicine for two (2) years next preceding date of application.

**Virginia State Medical Association.**—At its late meeting the following eleciions, etc., were made: Dr. Herbert M. Nash, of Norfolk, Va., President; Drs. Wm. P. McGuire, of Winchester, T. James Taylor, of Walthall's Store, and A. Z. Koiner, of Roanoke, Vice-Presidents; Dr. Landon B. Edwards, of Richmond, Recording Secretary; Dr. J. F. Winn, of Richmond, Corresponding Secretary; Dr. R. T. Styll, of Hollins, Va., Treasurer; Dr. Hunter McGuire, of Richmond, Chairman of Executive Committee; Dr. Hugh M. Taylor, of Richmond, Chairman Publishing Committee; Dr. Wm. G. Turner, of Fergusson's Wharf, Chairman Committee on Nomination of Applicants for Fellowship; Dr. John S. Apperson, of Marion, Va., Chairman Necrological Committee. Dr. J. T. Graham, of Wytheville, was elected to deliver the Annual Address to the Public—1893. Subject for general discussion, 1893, is Chronic Nephritis. Dr. R. M. Slaughter, of Theological Seminary, Va., Leader. Charlottsville, Va., was chosen as the place of next annual meeting, at such a time during October, 1893, as the local profession may select. About the same gentlemen as now compose the Board of Medical Examiners of Virginia were nominated for Commission by the Governor to serve on the Board for the next Quadrennial Term to begin January 1st, 1893. To fill resignations where parties declined re-election etc., Dr. Paulus A. Irving, of Richmond, R. S. Martin, of Stuart, and Wm. L Broaddus, of Newtown, were elected.

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**The Southern Surgical and Gynecological Association** will hold its fifth annual meeting in the city of Louisville, Tuesday, Wednesday and Thursday, November 15, 16, and 17, 1892, under the presidency of Dr. J. McF. Gaston, of Atlanta. Members of the medical profession are most cordially invited to attend.

By order of the Council. W. E. B. Davis,
Secretary.

**Diphtheria** has increased in Philadelphia to such a degree as to attract public attention, says a cotemporary. The Board of Health is taking unusual precautions to check the spread of the disease, and with very good success. This work would be furthered greatly if physicians were prompt in reporting their cases. Too often, when the official visit is made, it is found that several members of the family have been infected successively, and that the disease has extended to the neighbors. That this and other infectious diseases have not gotten into the schools is due to the care exercised by the teachers —a good work that is apt to go unnoticed because people have come to consider it almost as a matter of course.

**Language of Animals.**—The chatter of monkeys can be made intelligible to the human mind (*Times and Reg.*). Among these animals themselves it is, according to Professor Garner, not only intelligible, but understood. Their utterances indicate a purposive character. Simian speech is associated with a form of delivery or address exciting responsive actions. The sounds uttered by monkeys in one quarter of the globe, when reproduced by the phonograph, were recognized by animals of the same species in another. If Professor Garner's researches indicate anything, it is the probability that the songs of birds, the hissing of reptiles, and the whole and varied catalogue of sounds among the lower creation represent so many stages in the development of language.

**The Russians Object to Medicine.**—*The Morning* says the Russian has a deep-rooted dislike to medicine in any shape. Violent scenes have occurred again in Astrachan, where the mob stormed the local pharmacy, and slew the chemist and his assistants. The often expressed contempt for "doctors' stuff" among the masses at home hardly ever stands the test of even a slight ailment. In Russia the patients are so much in earnest that they would rather kill the chemist than take the medicine which he dispenses. They have also destroyed a large quantity of disinfectants which had been landed from a steamer, and attempted to board the vessel, but were repulsed by the crew. This is a pleasant state of things, and must render the life of a Russian chemist anything but happy. With all the troubles incidental to doing business there, the Englishman has a lot to be thankful for it would appear; anyway, as compared with Russia, there is less excitement.

**Dr. Feilchenfeld** recommends the application of steady pressure on the walls of the abdomen in cases of obstinate constipation. He for this purpose employs cushions containing three or four pounds of shot, so applied by means of layers of lint that they exert an equable pressure all over the abdomen. Generally the application for an hour and a half suffices to produce a good stool. The remedy can be used at night on going to bed or in the morning before rising. This remedy Dr. Feilchenfeld has found particularly useful in cases where there were hemorrhoids.

**The Concluding Words** of a long article in the police regulation of vice and venereal disease in Belgium, by Dr. Moeller are instructive; they are as follows: "In the presence of the above statements are we not justified in adopting the conclusion of Dr. Mounier, of Utrecht, at which he arrived after learned investigation of the statistics of the Belgian army—"The fluctuations of venereal diseases appear to follow constant general laws. These maladies increase and decrease without the least reference to the feeble efforts of the police sanitary regulations which are intended to put a stop to them."

**Revised Statutes Relating to False Marking and Infringements of Patents.—**

Section 4901. Every person who in any manner, marks upon anything made, used or sold by him for which he has not obtained a patent, the name or any imitation of the name of any person who has obtained a patent therefor whithout the consent of such patentee, or his assigns or legal representatives; or who, in any manner, marks upon or affixes to any such patented articles the word "patent" or "patentee" or the words "letters-patent," or any word of like import, with intent to imitate or counterfeit the mark or device of the patentee, without having the license or consent of such patentee or his assigns or legal representatives; or who, in any manner, marks upon or affixes to any unpatented articles the word "patent" or any word importing that the same is patented for the purpose of deceiving the public, shall be liable, for every such offense, to a penalty of not less than one hundred dollars with costs, one-half of said penalty to the person who shall sue for the same, the other to the use of the United States to be recovered by suit in any district court of the United States within whose jurisdiction such offense may have been committed.

Sec. 4942. Any person who shall reproduce, counterfeit, copy or imitate any recorded trade-mark, and affix the same to goods of substantially the same descriptive properties and qualities as those referred to in the registration, shall be liable to an action on the case for damages for such wrongful use of such trade-mark, at the suit of the owner thereof; and the party aggrieved shall also have his remedy, according to the course of equity to enjoin the wrongful use of his trade mark and to recover compensation therefor in any court having jurisdiction over the person guilty of such wrongful use.

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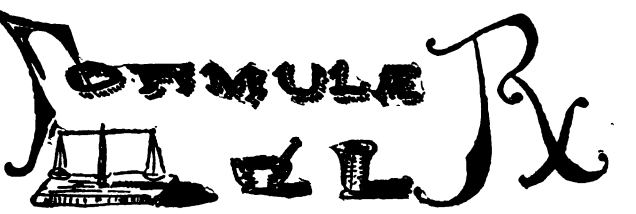
**A Bust of Dr. Guillotin** is destined to be erected at Versailles. In the paragraph in which this is announced it is carefully explained that this memorial is not erected for the invention of the guillotine, nor because the doctor was professor of anatomy, pathology and physiology at the Faculty of Medicine of Paris, was a *savant* of high reputation, a philosopher, a reformer, and a good man in every acceptation of the term; not on account of all these virtues, but because he moved the resolution that the *tiers etat*, when expelled from the hall of the States General, should hold their meeting in the tennis court—sic transit, etc.

**A Diphtheria Epidemic Caused by Ice.**—The Washington newspapers report the singular origin of an outbreak of thirty-two cases of diphtheria, of which fifteen proved fatal, that occurred in a small locality in that city. The body of a child that had died of diphtheria was packed in ice for two days, and when the body was transferred to the coffin, the undertaker threw the ice on the ground outside his shop. Three children were seen eating the ice, and in eight days they presented acute symptoms of diphtheria and died in a few hours. In all, thirty-two cases of the disease were ascribed to the deposit of the ice on the ground.

**Doctors as Popular Leaders.**—A statement having been made in a German professional work to the effect that Mr. Gladstone had prophesied that doctors would become the leaders of the people, a correspondent wrote to the Prime Minister for the purpose of ascertaining the truth of the matter (*Med. Rec*). In reply Mr. Gladstone said: "So far as regards the exact words cited in your letter, I cannot positively say aye or no, and I rather think that I should in using them have added some qualifying or limited expressions. But it is certainly a fact that for a very long time I have believed the medical profession to be both in a state of absolute advance from the progress of its science—this, it may be said, is mere commonplace—and of relative advance from the particular features attaching to our civilization in its onward movement."

**The Chicago Clinical Review** has certainly "struck a snag" at its very inception. The *Western Medical Reporter* dissects the "salutatory" and winds up in the following manner: The collaborators of this new journal may well cry, "save us from our friends." In so far as the new journal is an exponent of western clinical medicine, we wish it *bon voyage*, but we most emphatically protest against the literary drivel of its initial issue. The writer of its salutatory has not sufficient literary ability to prepare copy for a meal ticket. As an exponent of fearful and wonderful English he is a brilliant success; but as an example of western editorial capacity he is a lamentable failure. It is the duty of every western doctor to discourage such pitiful exhibitions of ignorance, as tending to hold the profession of the great west up to the just ridicule of the world.




**For Acute Bronchitis.**—The following is Bartholow's formula:

℞ Tinct. sanguinariæ,
Tinct. lobeliæ, - - - aa ʒj.
Vini ipecac., - - - - ʒij.
Syrup. tolutan., - - - - ʒiv.
M.
Sig. A teaspoouful every three hours.

**For Myalgia.**—We find this recommended in the *Medical News*:

℞ Ext. cimicifugæ fluid.,
Ext. erythroxyli fluid.,
Tinct. guaiac ammon., - - aa ʒj.
M.
Sig. Take a teaspoonful three times a day.

**For Subacute Rheumatism.**—The following appears in the *Medical News*:

℞ Potassii iodidi, - - - - ʒiv.
Potassii bitartrat., - - - ʒj.
Liq. potassii citratis, - - - ʒvj.
M.
Sig. Shake well, and take two teaspoonfuls three times a day in considerable water, or in lemonade.

**A Tonic Laxative.**—The following appears in a cotemporary:

℞ Aloin, - - - - - - gr.ij-iij.
Tinct. nucis vomicæ,
Tinct. belladonnæ,
Tinct. physostigmatis, - - aa ʒij.
Ext. cascaræ fluid, - - - ʒvj.
M.
Sig. Take thirty drops three times daily, reducing the dose one drop daily.

**Tonic after a Debauch.**—Dr. Whitha says (*Med. Rec.*) that the following is of service in cases in which insomnia, anorexia, loss of will power, and mild hallucinations, following a prolonged debauch, point to threatening delirium tremens:

℞ Quininæ sulphatis, - - - gr.xxv.
Acidi nitrohydrochlor. dil., - - ʒvj.
Ext. cinchonæ, - - - - ʒiij.
Aquæ destillatæ, - - q. s. ad ʒx.
M.
Sig. A tablespoonful in water three times a day before meals.

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**First Bank Director**—"I think it would be a good idea some time or other to quietly employ a physician to inquire into the mental and physical condition of our cashier. I think he is suffering from paresis."

Second Bank Director—"My, my! How much has he stolen?"

**Easy to Prescribe For.**—Druggist—"What did that man want?"

Clerk—"He wanted something for the grip."

Druggist—"What did you give him?"

Clerk—"Don't know; didn't look! Everything is good for the grip."

**Dr. Brown**—"That was a very interesting case of Miss Squaller's. For nearly a year she had lost her voice entirely, but I succeeded in restoring it perfectty."

Friend—"You deserve a testimonial to your skill."

Dr. Brown—"I received one this morning. The man who lives next door to Miss Squaller shot at me."

**Some Folks** are natural born comforters. X., who had a boil on his neck, met Y., on the street. "Hello, got a boil, ain't you? Bad one, too. Same thing Z. died of two years ago. Inflammation set in and choked him to death. Hope yours won't turn out so." And Y. pursues his way, ready to pour oil on any troubled waters that might beset his path.

**Like Other Folks.**—Clem—"How's de doctah gettin on, Rastus?"

Rastus—"He ain't no bettah, Clem, an' he had to call in a brudder physician."

Clem—"Why don't he cure himself?"

Rastus—"Kase doctors is jes like other folkeses; wen dey's sick dey's got ter hab a physician and when dey ain't sick dey kin cure derselves—"

**Human Nature.**—A little boy of four years has for some time had a habit of waking about midnight aud calling for a drink of water. At last his mother told him that she would not get up any more to wait on him; that she would put a pitcher of water and a glass on the stand near his bed, and that if he wanted water in the night he must get up and get it himself. She placed the water on the stand in his sight and left him. That night, at the usual time, she heard the boy's call—"I want a d'ink o' water! I want a d'ink o' water!" But she paid no attention. He called two or three times, and after he had whimpered a bit she heard him get up and thump along the floor to the stand. And through the darkness came this very positive ejaculation. "I hope I thpill every jam jop."

**The City Council of Baltimore** has refused to confirm the appointment of a Western Maryland director in the interests of the West Virginia Central, an alleged bidder for a long lease of the property, but has requested the mayor to re-appoint all the old city directors and to report upon the financial condition of the property and the advantages, if any, to be derived from the sale of the city's interest.

**The Supreme Court** of Georgia has decided that the Nashville, Chattanooga & St. Louis is not liable for damages inflicted by the Western & Atlantic, which it now leases. This decision was rendered in an appeal from a verdict recently secured in the city court at Atlanta, Ga. In sustaining the appeal the supreme court cites the lease act, which provides that the lessees shall become separate corporations, and decides that the lower court should have granted a non-suit.

**Committee of Arrangements.**—Dr. J. W. Galbraith, chairman of the committee of arrangements for the next convention of the National Association of Railway Surgeons, has filled out the committee as per instructions given him at the Old Point Comfort meeting by naming the following surgeons: Dr. D. C. Bryant, Dr. J. H. Peabody, Dr. E. M. Carpenter, all of Omaha. The doctor informs us that the committee has commenced work and can already insure the association a successful meeting in '93 beyond any doubt.

**The Progressive Chesapeake & Ohio Railroad** company is about to establish the hospital system on that prosperous road (*Railway Age*). With such men as chief surgeon Brock, General Manager Stephens and President Ingalls at the head of this system there need be no doubt as to its success. We are glad to note that the Chesapeake & Ohio is thus about to take the lead among eastern roads in adopting the progressive ideas of the western roads, which, we are compelled to confess, have taken the lead in the railway surgical service of the country.

**The Nicholas Railway**, Russia, has had constructed at Riga a number of third class carriages of a special type intended to serve as sleeping cars (*Railway Age*). They include separate places for men and women, a comfortable little dressing room, with wash basin, glass, etc. The seats are very long, and so constructed as to admit of the passengers sleeping. The cars are lighted by gas and heated by steam, and there is a little vestibule to prevent draughts reaching the interior. These carriages have been placed on the mail trains running between St. Petersburg and Moscow.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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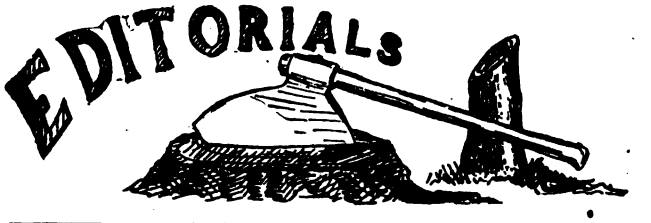


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Decent Medical Journals.

The medical journal is supposed to represent the best current medical thought. As to what constitutes the best, of course, opinions differ. We do not intend discussing the point at this time, nor do we intend to pass any remarks upon the various methods of editing which are adopted in the many and varied publications which are issued for the benefit and enlightenment of that general beast of burden, the medical profession. The editors and publishers of medical journals will have to answer for their shortcomings in this respect at the proper time and place.

What we do propose is to call attention to certain things, which, to our mind, are an imposition upon the patrons of those journals who are guilty of perpetrating them. But before doing this we desire to indulge in a few *prolegomena* which we believe will be admitted by all. In the first place, the medical profession as a class is distinctly opposed to journals which are designed for one purpose—that of advocating and "boosting" into prominence the products of some one firm or manufacturing concern. Such publications are in reality extended circulars and not medical journals in the true sense of the word. Again, physicians are all governed, to a greater or less extent, by the Code of Ethics whether it be that adopted by the American Medical Association or that which should be the rule of conduct applicable to gentlemen practicing one of the most sacred callings within the domain of human pursuits. They cannot, as a matter of protection, countenance publications which do not preserve that decency and that dignity which they should exhibit as a mere matter of self-respect if nothing else. A medical journal must be like Cæsar's wife—above suspicion. As soon as it no longer possesses this attribute it becomes a prostitute.

We have been led to make these remarks by an incident which occurred not long since. The whole matter may be summarized in a few words. A telegram, signed by the name of a firm, was received asking for the terms of an advertisement of such magnitude as was fairly staggering. This alone was enough to arouse suspicion, for the legitimate advertisers in medical journals do not advertise to this extent. Moreover, we know of other journals having received similar inquiries on the same day from the same firm. Another suspicious circumstance connected with the case was the fact that there was no apparant clue as to what was to be advertised. The hook was well baited but the MEDICAL REVIEW promptly and energetically refused to "bite." The promoters of the scheme had not reckoned that there were others who could detect its inherent qualities better than they could conceal them. We named the parties who were at the bottom of the affair, at the time, and subsequent developments have verified our opinion. The whole affair was managed in a clumsy manner yet the promoters of it have been partially successful, for they aimed at the cupidity of publishers which, under ordinary circumstances, is a very strong lever to bring to bear upon what is ordinarily known as a "business man." The whole bait was a simple one, but it was golden. It was a direct bid to each journal to barter its decency for a certain sum of money. That it was unsuccessful in a number of instances we know. That it has been successful in other instances we also know—and we must confess that we are ashamed to acknowledge this to be the case. We are ashamed to see that medical journals which had a claim to decency should have forfeited that claim for a paltry few dollars.

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We watched the development of the scheme with some interest and our vigilance was rewarded. The first to fall by the wayside was the *Maryland Medical Journal.* In its last issue it contained the advertisement in question which purports to be a cure (!) for consumption invented by a man who has been drummed out of the profession and who has been pronounced a quack, because he claims to possess this secret cure (!). And then we are to be regaled by this publication with articles relating to the elevation of the profession when it defiles its own pages with such matter. We will not accept the lame excuse that the publisher acted against the wishes of the editor, for no self-respecting publisher will do this. Those having charge of the publication of the REVIEW promptly rejected the proposition of the quacks when advised to do so by the editor and what is done in one case can be done in every other. No decent journal has or will print the iniquitous matter in its advertising pages if it have the slightest respect for itself or for its patrons. If the medical press cannot be decent what can be expected of the medical profession? Such action as that we have noted would speedily result in a complete demoralization of the entire body medical were it adopted by the press. We are pleased to note that the *best* medical journals were not tempted and showed themselves superior to those which sold their decency for a few pieces of silver.

It may be urged that the whole matter was simply a matter of business, that all the advertising in a medical journal is of this nature. True enough; but, there is a certain line which must be drawn even in business, and that is decency. The physician who subscribes and pays for a medical journal expects to receive reading matter which will compensate him for his outlay; but, in addition to this he depends upon its advertising pages to such an extent as to place implicit confidence upon the statements made there. The journal itself, in a great measure, is a guarantee that the advertisers are reliable, that trust may be placed in their statements, and that they are honest in all their dealings. Were it not for these facts medical journals could make more money simply by accepting the advertisements of patent medicines, and other secret nostrums with which the market is flooded. Decent medical journals cannot afford this; and, so far all have refused offers from advertisers of this nature except a few who have fallen by the wayside recently by accepting the proposition and printing the advertisement of the quack and his remedy to which we have alluded above. This naturally suggests the question, does it pay a medical journal to be decent? And this leads to the further query, should decent physicians support decent medical journals?

It is unnecessary to answer these questions. They answer themselves. We are by no means rabid upon the question at issue, we are simply indignant when we contemplate the spectacle which is offered us. We shall expect to see more of this sort of thing attempted and the matter will finally settle down to its proper level. The advertisers of the most glaring nostrums will learn who their friends are and will patronize them. Legitimate advertisers who have any respect left for themselves will simply quit using these journals and mediums to make their products known to the medical profession and the final outcome is very apt to be a condition of affairs which has never entered into the dreams of any one connected with medical journalism. That these journals will die is the most improbable event to expect. With such financial backing as they would receive by the publication of such a class of advertisements they can flourish and be prosperous. Moreover, enough self-styled physicians exist to take these publications for there are a large number now who give testimonials to the manufacturers of the secret remedy which we have alluded to above. That they are obscure goes without saying and it is only the small ambition of seeing their names in print, no matter how it gets there that has induced them to certify to that of which they know nothing concerning its effects on that of which they know less.

We do not desire to pursue this subject to any greater length. It is a matter which is anything but pleasant to contemplate. Our ambition has been that of the best portion of the medical profession of this country—to show the world that we have good journals, good physicians, and good surgeons. That, in addition to their mental and scientific qualifications, they were endowed with a high moral sense and were deserving of the respect as well as of the approval of the world. But how vain such hopes and aspirations. Our European cotemporaries will reiterate their former charges and with an apparent show of reason. They will characterize the medical profession of this country as a mere band of charlatans and quacks; and, to enforce that opinion they will point to those medical journals which publish the advertisements of secret quack nostrums apparently with the approval of the profession. We cannot afford to be regarded in such a light and it is absolutely necessary to acquaint the world at large with this fact. In order to do this the decent medical journals must protest against this latest move and make it understood that there are decent members of the medical profession who are the warm supporters of their organs, the decent medical journals.

**Venality** is a trait which is despised in any one exhibiting it. It is a degrading trait and always brings scorn and contumely upon those who exhibit it, as they must sooner or later. A medical journal which is guilty of venality is certainly deserving of all the opprobrium which can be heaped upon it; for, if it show that it is venal in but a single instance, it is a legitimate conclusion that it will be so upon every occasion which offers. If it can be bought for one thing it can be purchased for any object or purpose; and, such being the case, it is undeserving of either support or encouragement, whether this be of a financial or moral nature. We are indeed sorry to see that the term venal is no longer the

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prerogative of the secular press, but that it can be applicable with equal justice to some medical journals which lay claim to respectability.

**Woman's Place** lies not in medical paths, according the American *Practitioner and News*, which goes on to say: That woman is capable of high education, and of doing practical work in science, and doing it well, no man with the record of her doings before him can deny. And if, when the schools are open to her, and she has duly qualified herself for medical work, medical privileges and medical honors are refused her, no one can doubt the injustice of the refusal. Nevertheless it is certain that, except in a few specialties, medicine offers no place to woman for her best work.

The rule is simple: no work benefits woman if in its pursuit she is compelled to unsex herself; that she must do this in medicine admits of no argument. This being the case, the men of the profession have nothing to do but to courteously open the doors for woman, bow her in, and trust to the law of the survival of the fittest for the consequences.

**Dangerous Public Nuisances** are spoken of by the Pacific *Medical Journal* and it is an unfortunate fact that other large cities besides the one mentioned suffer in a similar manner. Our cotemporary says: The public of San Francisco is daily subjected to the vile and dangerous nuisance of the scavenger and his foul-smelling cart on the public streets. Decomposing refuse of all sorts is gathered from the gutter and everybody's back yard and piled up on these filthy carts at all hours of the day, and when the load is overflowing it is carted along the public streets to the great discomfort of everybody that happens to be out. In cases of epidemics and diseases of a contagious nature great danger of infection attends such wholesale nastiness. When one is obliged to pass by, or to drive behind these filthy wagons for a block or more on our crowded streets it is enough to cause nausea, if nothing more dangerous, from the unwholesome stench that is wafted to one's nostrils.

Another nuisance, perhaps less disagreeable yet fully as dangerous, is that of sweeping our filthy streets dur ing the daytime or early evening when thousands of people are out. Sufficient water is seldom sprinkled on the streets to prevent the dense clouds of dust and dirt these rattle-trap sweeping machines produce, and if one happens to pass them as thousands of people do daily, there is nothing to prevent the inhalation of germs of all sorts. No wonder tuberculosis and other contagious and infectious diseases are increasing. How could it well be otherwiee with the germ laden atmosphere so generously stirred up? If street sweeping must be performed in this cheap and imperfect manner, by all means let us have it done between the hours of twelve at night and six in the morning, when the people are in their houses and less exposed to the dangers of our present sanitary (*sic*) arrangements.

**The Attention** of non-subscribers who receive this number of the REVIEW is particularly directed to the slip enclosed in this number. We are desirous of increasing our subscription list and in order to do this we make the unprecedented offer of including in the price given the REVIEW for the remainder of this year, free. Do not let this opportunity pass by unheeded. It is one which you may not have again for sometime to come. We are desirous of having every progressive physician a subscriber and we are certain that if you become a subscriber you will continue to remain such.

**Natural Lithia Waters** are not looked upon with favor by the editor of the *Therapeutic Gazette*. He states that it is one of the curious developments of modern medicine that remedies largely used by practitioners for years are suddenly shown to be lacking in the powers generally attributed to them. For years the profession has used lithia water in various diseases with the idea that the results obtained were due to the comparatively small quantity of lithia present in solution. Those physicians who examined the subject closely speedily concluded that the greater part of the benefit derived by patients from so-called lithia waters de pended rather on the large amount of pure water ingested than upon the lithia contained in it. In other words, the pure water practically flushed the body of impurities. These conclusions were still further supported by the discovery on analysis that one of the widely-advertised lithia waters, indorsed by a large number of misguided persons, was only a pure water, with practically not a trace of lithia in it. Still more recently, Haig has told us that while lithia sppedly combines with uric acid in a test-tube, in the body it has a greater affinity for the acid sodium phosphate in the blood, and combining with this leaves the uric untouched. Lithia waters should be used not for their lithia but for their purity, and the results obtained placed to the credit of the flushing of the system, not to the lithia. A recent advertisement by one of the lithia water companies states that one of the editors of the *Therapeutic Gazette* strongly recommends lithia water, and not only this, but states that their particular brand is the best. The truth is that he has never employed their commodity, and has only recommended another brand of lithia water when *no other* pure water is obtainable.

**The Golden Rule** for the physician, whose official duty as health inspector compels him to visit persons being treated by other doctors for infectious diseases, should be to render his service in such a manner as to be thoroughly efficient, and yet acceptable to both doctor and patient (*Times and Register*). The doctor's hold on his case should be strengthened by the inspector's visit. The temptation to drop a word derogatory to the medical attendant is sometimes very strong, especially where the latter has grossly neglected his duty. But the doctor who reports his cases places his

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reputation to that extent in the keeping of the health authorities, and this trust should be loyelly kept. There is little difficulty in doing this, if there is inclination and aptitude; if either be lacking, the officer is unfit for the position of inspector.

**The Medical History of Columbus** would certainly be of the highest interest at the present moment. As the *Medical Record* says, it is unfortunate that the great amount of literature recently put forth concerning Columbus one can find so little regarding the great discoverer's personality. His character and much of his career are still surrounded with a good deal of mystery. It is not to be wondered at, therefore, that the knowledge of his personal characteristics is so incomplete. Columbus is said to have ben tall, very strong physically, and to have had red hair, blue eyes, and a ruddy complexion. He married rather young, but later in life formed irregular relations with a lady who bore him a son. He must have been a man of great vitality, and was probably a good liver when he had the opportunity, for he suffered many years from the gout and died finally from that disease. Like most men of powerful physique, and great ambition and energy of character, he probably indulged himself freely, or at least neglected to be prudent of his health. His exposures and privations do not seem to have been altogether the cause of his early physical prostration, for though he contracted "fevers," it is gout, we are told, which kept him an invalid and finally killed him at the comparatively early age of sixty. It is useless to moralize on what might have been if Columbus had been more ascetic; but no doubt the failure of his health had much to do with the neglect into which he fell before he died. If Columbus had retained the vigor of his middle life he would have made things so uncomfortable for his enemies that they would have been forced to give him justice.

**The Ideal Patient** as described by Dr. O. McMullen (N. C. *Med. Jour.*) is indeed a *rara avis* as may be judged from the following pen picture: While the physician has duties to be discharged and obligations to be sacredly fulfilled toward the patient, with equal force the patient is bound to his medical attendant. It is the first duty of the patient to use his best judgment in the selection of his attendant, and when the selection is made, to adhere to him under all possible circumstances, until unfitness for the trust reposed is thoroughly shown. In such selection all those qualities should be considered which have been already adduced as constituent of the ideal doctor. If the choice be made for any other reason, because such an one is less expensive, is your kinsman, your friend, your neighbor, your co-worker in Church or State, the time will inevitably come, when the pangs of the body remain unrelieved and *Pallida Mors*, with sickle keen, approaches for an untimely reaping, that you will regret your choice. The best patient never chooses his doctor in a haphazard and careless manner, nor after he is chosen views him with commercial eye as an ordinary hireling, but as a friend and advisor in the more serious and sacred aspects of life reposes in him the most trustful confidence, and unbosoms to the sympathetic ear the secret burdens of himself and family.

Of course, such a patient, unsolicited, will not only bestow upon his attendant, thus selected and trusted, a tangible honorarium commensurate with the material service rendered, but will at the same time appreciate the fact that there is often manifested on the part of his doctor a co-suffering, a mental strain, a disregard of personal danger unredeemable in shekels of silver.

**The Code Question** is by no means a settled one as yet, if we are to judge by the opinions expressed and published. Whilst we are in favor of a revision of the Code as it now stands we certainly desire better arguments brought forward by the adherents of the old Code than the following one of Dr. I. A. Shirly, which appears in the *Practitioner and News*:

We are happy to state, Mr. President, that so far as we are informed there has been no disposition on the part of this or any other State medical organization to go off after the new fangled idea of the New York State Medical Association of several years ago. The present Code of Medical Ethics of the Kentucky State Medical Society is precisely similar to that of the American Association, which, being good enough for Gross, Flint, and Yandell, like the old-time religion that was good enough for father and good enough for mother, is also enough for me.

He might as well remain content with what his fathers knew and seek no further for improvement. The argument is weak!

**Medical Attendants Traveling with Insane Patients** are not always leading a happy life according to the New York *Medical Journal*. Many of the specialists in psychiatry in this country have adopted the plan of sending certain insane patients away to travel with a medical attendant and a person who is both nurse and valet. In instances in which the patient's circumstances are such that the large expense entailed by this plan of treatment can be afforded, the immense advantage that it possesses over asylum treatment becomes apparent at once. Usually the greatest obstacle to the execution of such a plan is the difficulty of securing a physician who is sufficiently experienced, especially in treating the insane, who is possessed besides of the address and tact required to create an impression on the patient in daily intercourse, and who is willing to travel with such a patient even for the apparently liberal compensation that is paid.

The physicians who travel in this way should be provided with every means of establishing their identity and the relations they hold toward their traveling companions, was shown by a cable dispatch to the daily press recently. In this case an insane patient traveling

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with his uncle, a physician of New York, and with a nurse, had all three of them arrested in a little Norwegian town on the ground of maltreatment. The persons arrested explained the circumstances of the case, but the court held the uncle and physician in bonds of 10,000 kronen (about $2,700) each, because the explanations were regarded as unsatisfactory. By means of telegraphic dispatches the matter was eventually settled, though it must have been a distressing ordeal for the family to be subjected to such notoriety, and it was certainly an unpleasant experience for the physician.

**Cholera as a Manifestation of Divine Displeasure** is certainly something new in etiology. The Pittsburgh *Medical Review* comments on this belief as follows: One of the most incongruous beliefs of these *fin de siecle* times is that not infrequently preached by ministers of the Christian religion concerning the chastisement, by a superior Being, of the human race through epidemics. On another page will be found an extract from a sermon preached in this city in which the speaker traced the present cholera epidemic to the wrath of God. He believes that the greater virulence of the disease in the Orient may be attributed to the sinfulness of the people whose lot it has been to be born in that part of the world. On the other hand, the secret of our own comparative immunity is thought to be due to the fact that God is well pleased with his children in the Occident. When ministers of the gospel once understand that cholera and many other diseases are the result purely of the workings of the laws of nature they will be less likely to drive so many intelligent members of their flock to agnosticism or infidelity. When it is remembered that cholera is no more a sign of the wrath of God than is the garden of a lazy agriculturist invaded with weeds, the absurdity of the belief is manifest. Cholera germs are plants, and plants out of their proper sphere are weeds, consequently when we permit them to gain entrance, to grow and multiply in our system, it is simply our own ignorance, associated with unsanitary habits, that is responsible for the affliction. Divine wrath and weeds are very different things, and should not be confounded.

**Chloride of Ethyl for Local Anesthesia.**—Dr. Redard, of Geneva, uses chloride of ethyl in producing local anesthesia by refrigeration (*Nat. Drug.*). It is a colorless liquid of an agreeable odor, and is contained in a sealed tube of glass. When the point of the tube is broken off with pincers, the liquid is allowed to escape in a jet directed on the part to be cooled. The jet can be readily stopped by the finger or a little wax. Each tube holds 10 gm. of the ethyl, a quantity sufficient for most operations. Dr. Redard has found it useful in cases of scarlatina, neuralgia, and toothache. The new refrigerant is likely to be serviceable in the laboratory. If the jet be directed on a tube containing water, the latter will freeze.

**Prolapse of Iris after Simple Cataract Operation.**—Mr. W. J. Cant states (*Prov. Med. Jour.*) that the operation of simple cataract extraction is followed, in a small percentage of cases, by prolapse of the iris, and this occurs without any fault of the patient or operator. But, after having performed 100 simple extractions followed in nine cases by prolapse, I have found that if dealt with during the first twenty-four hours by the following method, it is of very slight importance. The extraction is performed in the patient's own bed, no speculum is used, and the lens cavity is washed out with warm water. From twenty to twenty-four hours after, the eye is dressed and the upper lid raised, when should any prolapse have occurred, however slight, the patient is put under chloroform and the prolapse excised, any tendency to adhesion at the edges being freed with the spatula. In doing the iridectomy the scissors should be held at right angles to the wound and the iris cut at one snip, when, as the conical wound has been kept open by the prolapse, the iris usually falls readily into place. No irritation is caused during the first twenty-four hours by the prolapse, but, if left much longer, the iris becomes irritated or inflamed by the healing wound compressing it. It is then much more difficult to free its edges, also the eye does not so well bear the interference. All the cases made an uninterrupted recovery.

**Cineraria Maritima in Cataract.**—R. P. Banerjee reports several cases of cataract cured by the use of the juice of this plant (*Med. Rep.* Calcutta) which is indigenous to India. In each case the opacity cleared away in a very short time. In commenting upon these the author remarks: Knowing that the natives of this country used the fresh juice of the plant in cataract (*motiabind* or *nazala*), with good results I gave it a trial, because I have no eye instruments here and the cases being unwilling to undergo any operation, the results being successful. Also in the *Pharmaceutical Journal* for May, 1888, one or two cases of cures have been noted. And I hope that practitioners in larger cities where they have better chances with patients unfit for operation, or unwilling to undergo such, would give the drug a fair trial. The plant is very common here, one variety called the *cartwheel*, (cineraria maritima or grandiflora) is cultured as a pot plant in the garden. The other variety with red or purple, and green stems called in Hindu *kukrainda* (C. Hybrida vel exotica), grows near the bases of old pucca brick buildings during the rains and early winter and are mural plants, very common in the Northwest Provinces and

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Bengal. The application causes no pain beyond a little sensation of heat, lasting from three to five minutes.

**Can a Septic Bullet Infect a Gunshot Wound?**—This question has been proposed to Dr. Louis A. Lagarde by the Surgeon-General U. S. Army (N. Y. *Med. Jour.*) and after making a series of experiments he states that the following conclusions may be formulated from these experiments:

1. The vast majority of cartridges in original packages are sterile and free from septic germs.

2. The sterile condition of the cartridges is due to the thorough disinfection and absolute cleanliness observed in the process of manufacture.

The disinfection with heat, acids, and alkalies, and the rigid rules of cleanliness used in the process of manufacture, are employed to exclude grease and dirt, as the latter impair the keeping qualities of the powder and disturb balistic values.

3. The majority of gunshot wounds are aseptic, because the vast majority of the projectiles inflicting them or either sterile or free from septic germs.

4. Cartridges out of original packages show microorganisms upon them, and these are not entirely, if at all, destroyed by the act of firing.

5. Anthrax, when applied to the projectile of a portable weapon, is seldom if ever entirely destroyed by the act of firing.

6. When a gunshot wound is inflicted upon a susceptible animal by a projectile infected with anthrax, the animal becomes infected with anthrax and dies in the vast majority of instances from said infection.

7. The heat developed by the act of firing is not sufficient to destroy all the organic matter on a projectile, the cherished notion of three centuries and more to the contrary notwithstanding.

8. The results, as set forth in the foregoing paper, justify the assumption that a septic bullet can infect a gunshot wound.

**New Disinfected Chirurgical Leather or Artificial Chamois.**—A very learned German chemist and naturalist has invented a new process (*Jour. Am. Med. Ass'n*) of mineral tanning by which a beautiful chamois leather is made from sheep skins. It is tanned with a substance absolutely harmless and not decomposed nor injured by washing in soap suds. It can be soaked with any disinfectant without harm to the quality of the leather. It is claimed that bacterial life and fungoid growths are not produced by long contact of this leather with the human body surface. Very desirable for bandages, artificial limbs, harnesses, eczema, etc. In oil and alum tanned leathers the animal fiber is still liable to decomposition. The oil or alum can be removed by washing or by extraction while the fiber remains in a more or less crude and decomposed or decomposable condition. Ordinary surgical leathers kept in contact with the body of the sick, prove to be nests of bacteria. This leather does not as:

1. The animal fiber is in a neutralized condition or combination with the tanning material and cannot be extracted.

2. The tanning material combined with the fiber, being neither decomposable nor alterable at all, produces one of the most stable compounds known.

3. The tanning material is widely diffused in Nature, is one of the essential elements of animal life and not noxious like decomposed and decomposing oil or alum.

The samples can hardly be distinguished from chamois. Finer sorts are produced from goat and deer skins.

**Uvulotomy.**—According to Dr. Karl von Klein (*Oph. Rec.*), an excision of the uvula once performed can be recognized during man's existence, the same as in an amputated finger. When he opens his mouth and makes the sound "oh" the stump contracts and forms a concave bottom. To overcome the old method, Dr. von Klein devised curved scissors which cuts the uvula, beginning at the front and going upward and backward, leaving it delicate and pointed at the tip with which a vocalist can perform all the functions of the uvula as though the excision had not been made. The above cut heals much quicker than a cut with ordinary scissors, as the food passing by does not come in contact with the cut surface, nor does the cut surface rub on the tongue when speaking. Dr. von Klein's method of operation is to take hold at the end of the uvula with a long forcep, stretch it downward, outward and cut at the place where first focussed.

When the excision is thus made the uvula contracts and the operation is made bloodless, as though it was ligated.

**Diphtheria—Death from Embolism of Basilar Artery.**—Mr. A. M'Pnedran states (Canad. *Med. Pract.*) that the following case will prove of interest on account of the unusual complication that caused the death. Grace M., aged 12, became ill with pharyngeal diphtheria May 30, last. The attack was a moderately severe one, but by June 4 she was convalescing satisfactorily, the throat having cleared. At 3 o'clock on the morning of the 5th she took nourishment, and expressed herself as feeling very well, desiring her nurse to lie down as she herself was going to sleep. A few minutes later she breathed deeply, and by the time the nurse could reach her bedside she was unconscious. Then coma deepened, and she died at 9 A. M.

At the autopsy a firm white embolus was found lodged at the bifurcation of the basilar artery; its origin could not be ascertained. The heart was not examined, but neither it nor the kidneys had shown any signs of disease.

**Case of Sciatica Treated by Faradic Current.**—Dr. W. J. Nolan reports the following (*Times and Register*): There came to my office recently a German named Gus G. His home is eight miles north of

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Wittemore, a town twelve miles distant in an adjoining county. Sciatica of the right hip the disease. His condition was pitiable. For six weeks he suffered, having contracted the torment while driving a binder. On examination I found pain intense, and several rectangular spaces of blistering on the hip. I tried deep injections of morphine and atropine, and succeeded in at least lulling the pain. This I continued for two days, and then began the faradization. From the start the electricity told, and after four days the man could walk upright, and is free from pain.

I used the salicylic treatment in conjunction with the electricity. While the patient held either positive or negative pole I used its fellow with brush or ball. My battery is an ordinary pocket one, and in this case it amply justified the great repute of electricity in sciatica.

**A Morphine Case.**—Dr. J. G. Pace writes to the *Times and Register*: I wish to report a case of morphine habit, which has been under my observation for a considerable time.

Mrs. M., a married lady, thirty-two years of age, has been addicted to the morphine habit for about seven years. For about five years she did not menstruate, and neither was she pregnant at any time during that time. About two years ago she made an attempt to become rid of the habit, and for about forty days took no morphine or opiate of any sort. After having been without morphine for twenty days the menstrual flow appeared, and since that time (about two years ago), she has menstruated at intervals varying from two weeks to two months.

The point in this case which is particularly startling to me is the amount she is able to take. She now takes regularly two one-eighth ounce vials of morphine a week, and sometimes more. I have actually known her to take an eight-ounce vial of morphine in the twenty-four hours. And what is more, she can take this amount and still be up and about the house. As I said before, I have her for some time (almost five years), and during that time I have never known her to neglect her work on account of a seance with the drug.

**Periodical Intermenstrual Pain.**—The following are the conclusions of Dr. Chauncey D. Palmer (*Am. Jour. Obst.*) on this subject:

1. Periodical intermenstrual pain is a comparatively rare disease.

2. This disease is ovarian, not uterine.

3. This ovarian disease is an oophoritis or peri-oophoritis, or both.

4. The chief underlying exciting cause of these attacks of pain is the morbid obstruction to the extrusion of the contents of the Graafian follicles.

5. Many other morbid conditions, uterine, peri-uterine, or ovarian, may be associated with the oophoritis or peri-oophoritis, but their presence is not the cause of the essential symptoms.

6. Cure is affected only by overcoming the disease of the ovary or by its extirpation.

**Peptones.**—Paul Cheron, in an article (*L'Union Med.*) on peptonuria, which is toe long for translation here, thus summarizes the distinguishing characteristics of peptones:

Peptones are soluble albuminoids produced by the action of the gastric juice on insoluble albuminous matters; and they are:

1. Soluble in water.

2. They dialyze readily—which at once distinguishes them from egg albumen, and is the base of their physiological value.

3. They are not coagulated by heat.

4. They are not precipitated by diluted alcohol, nitric acid, the salts of sodium or perchloride of iron.

5. But alcohol in concentrated solutions throws them down in white flocks.

6. They are precipitated by most reagents which react in a similar way on alkaloids—*e. g.*, tannin, phosphomolybdic and phosphotungtic acida, bichloride of mercury, the iodo-iodized and citro-picric solutions, etc.

7. On adding a drop or two of a 2 per cent solution of sulphate of copper to one of a peptone made alkaline by soda, a rose tint is produced.

When it is desired to estimate the amount of peptones amid unaltered albumen the best plan is that of Wasselmann: acidulate the liquid with acetic acid then adds a solution of ferrocyanide of potassium; after waiting a few hours, filter and add a few drops more of the precipitant. If the liquid remain clear the whole of the albumen has been thrown down; then, get rid of the excess of the ferrocyanide by means of slight excess of a solution of acetate of copper; filter, and throw down this by a current of sulphuretted hydrogen, which, after again filtering is expelled during the subsequent slow concentration of the fluid. Finally the peptones can be precipitated by tannin or obtained by evaporation to dryness.

**Transposition of Viscera.**—The following strange case is reported by Dr. Ira T. Johnson (*Med. Rec.*): Mrs. M. E. B——, aged forty-nine, died of uterine cancer, April 23, last, and for certain reasons the coroner ordered an autopsy, which I, as coroner's physician, performed the next day. I found the following rare arrangement of the internal organs:

The right lung had two lobes, and the left lung three.

The heart was on the right of the spinal column, occuping the same position relatively that it should have on the left side.

The arch of aorta turned to the right, and the thoracic portion descended on the right side of the median line. The innominate arose from the left side of the arch, and the common carotid and subclavian from the right side.

The position of stomach was reversed, the cardiac end lying to the right of the median line, and the py-

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loric end to the left. The position of the several portions of intestine was the reverse of the usual.

The spleen was on the right side, and the liver on the left.

The vermiform appendix occupied the same relative position on the left side that it should have occupied on the right.

In fact, it was a case of complete transposition of all the internal organs, though the ureters, kidneys, and some other parts which would require a more thorough investigation to determine whether they were transposed or not, were not examined as closely as they should have been with regard to that point. The woman had always been right handed.

Physical examination of a daughter aged sixteen years, and of similar disposition and appearance as the mother, did not disclose any abnormal position of the internal organs.

**Antiseptic Formula.**—Messrs. Christmas and Respant have endeavored (*Pharm. Prog.*) to obtain a formula for an antiseptic solution that shall be powerful enough to destroy the microbes, and at the same time not so strong as to damage the organism.

The best results were obtained with the following formula:

℞ Acid carbolic, - - - - - ʒijss.
Acid salicylic, - - - - - gr xv.
Ess. menth. pip., - - - - ♏x.
M.

A one-half per cent solution in water of this mixture destroys the microbes of diphtheria; those of typhoid fever cannot stand its action for more than half a minute. The anthrax bacillus is destroyed by a one-fifth per cent solution. This represents an antiseptic power five times greater than that of carbolic acid alone. Tuberculous sputa treated by a one per cent solution can be sterilized in a quarter of an hour.

**Modification of Teal's Rectangular Flap Operation.**—The following is contributed by Dr. Robert J. Reed (*Med. Rec.*): In the amputation of the extremities, "save as much as possible" is a well-established rule, with few exceptions, and the preservation of the articulations is a question of paramount importance. The suggestion of any method working to these ends needs no apology.

It is true in many injuries, especially in crush wounds, necessiting amputation, that upon one side a greater amount of sound tissue is found than upon the other. This condition suggests Teal's operation. But by this method, in order to secure sufficient covering for the stump, the long flap must be equal in length to half the circumference of the limb at the point at which the bone is to be divided, and the short flap one-fourth this circumference. Both are rectangular in shape, and equal in breadth to half the circumference, so, even by this plan, considerable of bone or an articulation may have to be sacrificed.

In Teal's method the ends of the long and short flaps are united. The modification suggested consists in a different way of coaptating the edges, by which shorter flaps will suffice. Integument and subcutaneous tissue alone is used, a modification recommended by Lister. The long flap is but one-fourth the circumference of the limb in length and half the circumference in breadth. The short flap is of the same breadth, but need not extend in length beyond a level with the bone. With this amount of integument the stemp can be covered by bringing the sides of the long flap into coaptation with the end of the short one. Since the length of the long flap equals one-half the width of the short, the two sides meet in the center of the short flap, and half the end of the long flap falls against the other half, which effects a complete covering of the bone.

**Intestinal Derangement.**—Dr. Robert Coltman, Jr., gave the following lecture on a case (*Med. and Surg. Rep.*): This man, age forty, says he is always filled up with wind. Worse immediately after eating but even when hungry he feels full.

On palpation we find no evidence of retained feces but evidently he has considerable wind in the bowels. His diet is largely cabbage and bread with raw onions or radishes. He suffers considerable pain at times but has never vomited. Is not at all sensitive on pressure. Is chronically constipated. A change of diet would be a good thing but that to any marked degree is impossible owing to his poverty. We will tell him however to have his cabbage well cooked and to eat his bread when a day old. There is evident lack of biliary secretion and perhaps inactivity of all the glands concerned in the process of digestion. I shall give him the following pill to be taken just before meals:

℞ Pulv. podophyllin, - - - gr.j.
Acid carbolic, - - - gr.viij.
Gum assafetida, - - - gr.xlviij.
Ext. taraxicum, - q. s. ft. pill xvi.
M.

This combination I usually find successful in this class of cases but occasionally arsenic in Fowler's solution gtt. ij, before meals will be better.

**Exalgin in Infantile Therapeutics.**—Dr. Moncorvo was the first to give exalgin (methyl-acetanilid) to children. The following are his conclusions (*Satellite*):

Exalgin has shown marked analgesic effects in twenty-one children from one to twelve years of age, to whom it was given for various painful affections.

In every case the remedy was well tolerated. The accidents (intoxication, giddiness, tinnitus aurium, etc.), sometimes observed in adults who have taken the remedy were never observed in the little patients under the author's care.

Exalgin was at first given in daily doses of 5 centigrammes (¾ grain), increased gradually to 50 centigrammes (7½ grains).

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Exalgin having a very pleasant taste may, in many cases, be administered in substance applied directly upon the fase of the tongue, or in cachets; it may be given also in diluted wine or spirits.

Exalgin is more efficient than antipyrin; a given dose of the former is five times as effectual as an equal dose of antipyrine.

**Winslow's Soothing Syrup.**—The following is the formula of this infant destroyer according to the *New Idea*:

℞ Morphia sulph., - - - gr.$^1/_8$.
Sodii carbon., - - - - - gr.j.
Simp. syrup, - - - - - ℥jss.
Aquæ, - - - - - - ℥ss.
Spirit feniculi, - - - ℥j.
M.

**Treatment of Burns.**—The most exquisitely painful burns are assuaged in a few moments by an application of cocainized campho-phenique, after the following formula:

℞ Cocaine hydrochlorate, - - gr.v.
Campho-phenique,
Olive oil, - - - - - aa ℥ss.
M.

Rub up the cocaine and campho-phenique and add the olive oil. A man whose hand had been torn and badly burned by an electrical discharge, the pain of which was so severe that he fainted twice before the dressing could be applied, expressed himself as absolutely without pain in less than one minute after the application.

**Worcester Sauce in Seasickness.**—Dr. Miller, of Largs, recommends (*Pop. Med. Mo.*) Worcester sauce, in teaspoonful doses, given without water, for preventing and curing seasickness. It should be given every three hours until the stomach can tolerate and retain its contents. Avoid stimulants, but give small quantities of good beef-tea with Cayenne pepper in it. This remedy is easily obtained on most steamers, pleasant to take, and has often succeeded when all other means have failed. In some cases he recommends the application of a tightly-applied bandage, rest on the right side, and frequent small quantitiet of fluid food.

**Phthiriasis of the Eyelids.**—Following a communication which Dr. Jullien made to the French Dermatological Society upon phthiriasis of the lids, a number of similar cases have been published in France (*Ex*) which seems to prove that this localization of the pediculus pubis is less exceptional than was at first thought. All these authors are in accord in recommending as the best method of treatment the patient and careful extirpation of all the parasites and their eggs with dressing forceps, by which means, with a little cleverness, a single seance suffices.

## San Francisco Letter.

Editor Medical Review.—An event of the first importance to the profession of the Pacfic States will be inaugurated in this city November 1, with the first special Post-Graduate course in clinical medicine at the Polyclinic. The school will be known as "The Post-Graduate Medical Department, University of California," and is supplemental to the regular College of Medicine. The Polyclinic Staff, which includes several who hold chairs in the regular school, comprises twenty one professors and about double that number of assistants, and should be able to give a course second to none on the continent. At the last moment one of the faculty, a blooming Britisher, has proved his title to "kicker" because he was not allowed to run the whole affair, and has sued the Polyclinic to show cause why its charter should not be revoked, claiming it gives the institution no right to affiliate with the University. Of course the "objector" has received the proper treatment and is now under observation, and as the temperature has fallen by crisis, we are looking for the kick to abort within ten days; in the meantime the Post Graduate Department pursues the even tenor of its way.

Election is now close at hand; as of old, the City and County Hospital is filled with the "ragtag and bobtail" of the State. This institution is under the control of politicians, and is ever made a retreat for weary voters at such seasons. Deserving sick have to give way to the "bum" whose vote can be controlled. The Health Office has not yet been emancipated from the pull o saloon bosses. We mentioned in an earlier letter that the Hospital had new roofs and floors, but we neglected to state that the work was a contract political job, and already shows evidence of it. The upper floors cannot be washed on account of the water dropping in the wards below. We had a thunder storm a few days ago and the roof wept profusely at the uncommon weather for California.

There is war among the drug stores in this city—all patent medicines are cut to or below cost prices and the trade is booming. The fight has demonstrated plenty of originality in sign painting in the druggist. A few of the legends noticed this morning are: "Are you sick? if not, get sick, and enjoy cut rates." "Spite the undertaker—Safe Cure at $1.00 a bottle." "The children cry for Castoria and it only costs 25 cents."

At the regular meeting of the County Medical Society, Dr. Perry read a paper on "Septic Puerperal Endometritis." His conclusions were, that it is always the

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result of direct infection; that the uterus should be curetted and douched as soon as the temperature reaches 103°. Dr. Perry seemed to think it was not necessary to use a strong antiseptic douche, stating that water colored with tincture iodinii was amply sufficient. The doctor used a blunt curette. Dr. Cheney replied that the micro-organisms were often found deep in the mucous membrane; aye, even in the sub-mucous tissue, and that a little blunt curette would certainly fail to reach them, and giving it as his opinion that a sharp curette should be used and the membrane thoroughly removed.

Dr. McMonagle did not see any reason for waiting until the temperature reached 103°, believing the operation should be promptly performed as soon as the first symptoms appeared—that it should be thoroughly done. He did not think that water colored with tincture iodinii was of the slightest benefit, and called attention to the advantages of Lysol as a safe and reliable antiseptic.

Dr. Clark spoke of twelve cases which had occurred in his practice within a few weeks. The first happened while the doctor was attending some cases of diphtheria and in several of them the diphtheritic membrane had been apparent around the cervix. The membrane in one instance was examined by Dr. Montgomery who found no difference between it and the membrane from the throat. Dr. Clark was satisfied that he was infecting his patients and tried discarding his clothes, using the most powerful antiseptics, but to no purpose. At last he discarded his driving gloves and reins, and from that time had no further case. The question was raised whether a doctor was justified in attending a puerperal woman while treating a case of diphtheria. The specialists, as a unit, were decidedly of the opinion that he was not justified; while several family doctors had not seen any harm come of it in hundreds of instances, and believed he was safe if he was careful. Dr. Clark had a large obstetrical practice and had always attended diphtheria patients at the same time and had never seen any bad results until his late experience, but infection had certainly occurred in these cases.

We note that the "Anti Quackery Act" of the State of Oregon has been upheld by the Supreme Court in the case of the State vs. Randolph & Moran. The defendants were fined by the lower court for practising medicine without first having obtained a license, and took an appeal to the Supreme Court, challenging the validity of the Act as in violation of Section 20, Article 1, of the Constitution. The Supreme Court holds that "the Act in question is fair and reasonable in the particular objected to and must be upheld."

We also note that the petition of the Eclectic Medical College to our City Board of Health, requesting the privileges of the County Hospital, has been denied.

S. J. H.

NOW is the time to subscribe for the MEDICAL REVIEW.

## Buffalo Letter.

Editor MEDICAL REVIEW.—The meeting of the Medical Section of the Academy of Medicine was held October 11. Prof. Hubbell showed a case of enlargement of both lachrymal and both parotid glands, without history of specific trouble or injury.

Dr. Bagley had seen a traumatic case which ended in suppuration of the lachrymal glands. He and Dr. Grant had studied the subject and agreed that idiopathic cases were exceedingly rare.

Prof. L. Bradley Deer read a paper on the Etiology of Cholera. Many of the early observers had believed it to be due to some minute parasite. July 26, 1884, Robert Koch reported the discovery of the cholera germ, describing it as being from half to three quarters the the length of the bacillus tuberculosis, much thicker and slightly curved. When artificially cultivated the bacteria adhered to one another so as to form spiral threads. Later observers demonstrated that the germ was a true spirillum with a terminal cilia by which it was actively mobile. No part of the germ seemed to be particularly resistant, and it is killed by drying, hence there is probably no formation of spores. The causative relation of the spirilla to cholera Asiatica was well demonstrated by a student who accidentally swallowed a pure culture of the germs, developed an attack of the disease and spirilla were found in his dejecta. Animals are, as a rule, not susceptible to cholera Asiatica. Rabbits, however, are affected somewhat by ptomaine solutions. It being suspected that the hydrochloric acid of the gastric juice killed the spirilla, soda and laudanum were introduced by a catheter into the stomachs of guinea pigs in order to neutralize the gastric juice and quiet peristalsis. The subseqnent introduction of spirilla caused death after some of the symptoms of cholera in the human subject. The spirilla penetrate into the submucous coat of the intestine but are not found in the blood or other organs. The general symptoms of cholera are due to three ptomaines, one of which causes muscular tremor and spasm, another lowering of temperature and slowing of the heart.

Acids, drying, moderate heat, disinfectants and putrescent bacteria are inimical to the cholera spirillum, whose degree of resistance is shown in the following tables:

| SPIRILLA LIVE IN | DAYS. |
|---|---|
| Fecal matter, | 6 |
| Urine, | 5 |
| Urine, stale, | 4 |
| River water, | 6 |
| River water, sterilized, | 6 |
| Sea water, sterilized, | 6 |
| Sewage collected at Berlin pumping station, | less than 2 |
| Pure culture (agar) | 2 years. |

Temperature, 131°F. kills in 5 minutes.

Temperatures, 107°, 57° and 32°F. do not kill but prevent growth of spirilla.

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Temperature, 86° to 95°F. most favorable to development of spirilla.

Drying kills the spirilla in a few minutes, but some observers state that, if the spirilla are dried in thick layers on silk threads, they will live two weeks.

Two hours' exposure to various germicides proved efficacious in the following strengths:

| | |
|---|---|
| Ac. carbolicum, | 1:400 |
| Ac. sulphuricum, | 1:1300 |
| Hydrargyri bicyanidum, | 1:60000 |
| Hydrargyri bichloridum, | 1:10000 |
| Argenti nitras, | 1:4000 |
| Cupri sulphas, | 1:500 |

Calx chlorinata, 1:833 kills in 5 minutes.

Calcii oxidum, fresh, is efficacious slowly.

Liq. calcis, 2%, in feces will kill typhoid bacilli or cholera spirilla in 1 hour.

Carbolic acid has the advantage of not being neutralized by albumin or excrementitious substances.

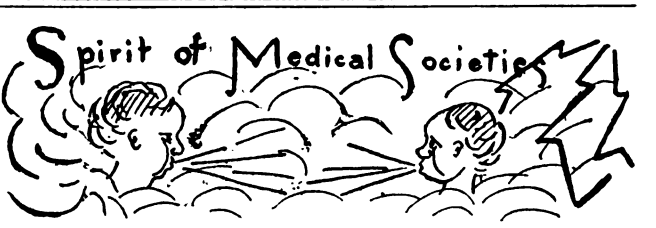
Health Commissioner Ernest Wende spoke on the prevention of cholera, and three of the older members of the profession, Drs. Wyckoff, Dorland and Cronyn related their personal experiences with past epidemics.

The College of Pharmacy opened Oct. 20. Prof. Eli H. Long, M.D., gave the preliminary address.

The Committee of the Charity Organization Society having charge of the Fitch Dispensary have put into force a rule requiring each patient to pay ten cents for consultation, and the drug department has been abolished. As a consequence, the attendance has been much reduced, and in several instances patients have been unable to secure medicine. The Medical Staff have offered to take charge of the dispensary and guarantee the payment of the drug bill, asking only that the Charity Organization Society furnish the rooms, heat, light and services of the janitor. As the dispensary occupies part of a large building, containing also the Fitch Accident Hospital, stores and offices, and as the entire property was willed for charitable purposes with the intention of being self-supporting, it will be seen that the request of the Medical Staff is not excessive. If the present plan is continued, the Medical Staff will resign in a body.

The last meeting of the Pathological Section of the Academy was occupied with the examination of dermoid cysts, and a discussion by Drs. Mann, Tremaine and Bergtold.

**Curability of Narcotic Inebriety.**—On this subject Dr. J. B. Mattison speaks in no uncertain tones. In a recent article (Cleveland *Med. Gaz.*) he says: Our experience warrants these conclusions: Narcotic inebriety is curable. It is curable as other diseases are. In most cases the disease recurs; this recurrence does not prove failure in the first treatment; does not preclude success in a second. The number of permanent cures is large enough to favor a hopeful prognosis in many cases. The betterment in some cases, practically incurable, makes proper treatment always advisable.




**Pregnancy in an Ovarian Sac.**—Dr. Mackenrodt has recently shown to the Obstetrical and Gynecological Society of Berlin (*Prov. Med. Jour.*) a very interesting specimen of an extra-uterine gestation, which would formerly have been hailed as an undoubted specimen of that disputed species known as "ovarian pregnancy." It was from a patient who had been successfully operated upon for extra-uterine pregnancy. The gestation cyst was about the size of a hen's egg. In the lower part of its wall were remains of ovarian tissue and a large corpus luteum separated by a thin membrane from the general cyst cavity. The amnion could be defined above, and the chorion and placental rudiment were easily recognized. The Fallopian tube and its fimbriae took no part in the formation of the cyst wall, for the unaltered fimbriated extremity projected completely within the cyst. Blood had entered the ostium externum and had formed a secondary hematoma in the tube. Under what conditions, then, could a cyst be formed containing the ovary, the unaltered end of the oviduct, and also an ectopic gestation? The explanation seems to be as follows: the patient was the subject of that congenital condition which is called an ovarian sac or ovarian tube (the ovarialtube of German authors). This was first described by Richard in 1853 under the name of tubo-ovarian cyst, and it was supposed to be an ovarian cyst which had established an adventitious connection with the tube. But is is now held that in these cases the Fallopian tube ends from the first in a peritoneal sac which also contains the ovary. Considerations drawn from comparative anatomy support this view, for a further exposition of which the reader is referred to Mr. Bland Sutton's recent work. Under such conditions as the above there had developed in the case under consideration an ectopic gestation within the ovarian sac. Such an event is not unique, but in all other recorded cases the Fallopian tube and fimbriae have taken part in the formation of the cyst wall, rendering the true nature of the development much less evident. Hence the special interest of this case. No embryo was discovered in the case, and the cyst ruptured in extraction.

**Certain Aspects of Gonorrhea in Women.**—Dr. C. P. Noble made some remarks before the American Gynecological Society, on this subject. The chronicity of this disease, especially when it had attacked the tubes and ovaries, was well known. There was no evidence to show that a single case of gonorrheal

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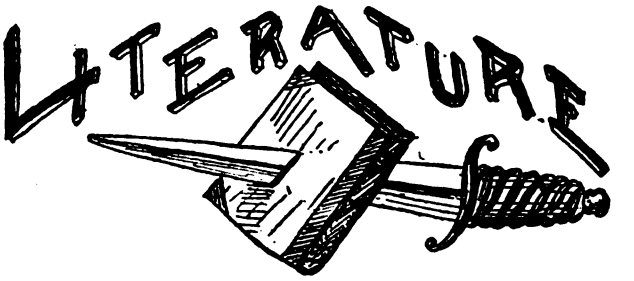
salpingitis and oophoritis had ever so far been cured that the organs had regained their reproductive function or that the fimbriated extremity of the tube ever became patulous. The speaker referred to recent bacteriological studies of gonococci, as found in various parts of the reproductive tract, showing pretty conclusively that they traveled up the tubes. One observer had found the gonococcus in an ovarian abscess. The question was also brought up as to whether, when the appendages of one side were removed for disease, if those on the other side were not so liable to infection as to justify removal at the first operation. The speaker was inclined to remove the healthy as well as the diseased appendages in women who had borne children, and to leave the question for decision by the patient if she was young. To avoid gonorrhea of the tube and ovary, the physician should, if possible, prevent the infection from extending to the endometrium.

**Pulmonary Thrombosis.**—Pulmonary thrombosis during the puerperal state is well known, but Dr. Church's case read before the Edinburgh Obstetrical Society, in which thrombosis took place during labor, must be regarded as decidedly rare (Ed. *Med. Jour.*). The patient was a lady, aged 36, who had given birth to five children. When Dr. Church reached the house she was far advanced in the second stage of labor, walking about her room, with the pains coming on at regular intervals, and everything seemed most satisfactory. He had left the room for a minute, and the patient was getting into bed, when a cough was heard and he was at once summoned. He found her lying on her left side, with face deeply cyanotic; there were tumultuous movements of the face and chest; froth was issuing from the sides of the mouth, and soon became tinged with blood; her eyes were protruded. After the first shock was over, the pains returned, labor proceeded naturally, and the child was born alive and lived. The symptoms, however, were in no way relieved. Dry cupping glasses were applied to the front and sides of the chest, and large poultices which seemed to diminish the clutching for breath. Air entered the lungs freely, but the face remained cyanotic. The heart's action was quick and tumultuous, but the communication between heart and lungs was evidently not entirely cut off. Stimulants (whisky, brandy, and ammonia) were freely given, and ether was injected hypodermically, and an endeavor was made to give as much fresh air as possible. She lived for three days, having become comatose shortly before her death. No post-mortem examination was made, which Dr. Church regrets; as also that they did not try the inhalation of oxygen.

**An Indiana Man,** not long ago, asked his druggist for "half a pound of salts of lemon." By dint of questioning the careful pharmacist learnt that the stuff was to be used for making lemonade.




**Diseases of the Kidneys and Bladder:** A Text Book for Students of Medicine. By W. F. McNutt, M.D., M.R.C.S. Ed., L.R.C.P. Ed. 8vo. pp. 242. [Philadelphia: J. B. Lippincott Company. 1893. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $2.50.

In this volume we have presented a short but comprehensive treatise on the diseases of the kidneys and bladder. The author is a well-known teacher of San Francisco and his lectures have attracted much attention among the profession of the Pacific Slope. In the present small work he has incorporated the salient points of his lectures and the result has been the production of an interesting as well as instructive text book peculiarly adapted to the wants of those for whom it was especially designed.

The author begins with a consideration of the anatomy and physiology of the kidneys, following this with a description of those anomalies which most commonly occur. Having disposed of this part of his subject he treats of the diseases of the kidneys from those which are but slight in character to the gravest forms. In this section, the examination of urine both chemical and microscopical is fully explained. The confusing nomenclature of nephritis is condemned by the author on account of the inextricable confusion which it entails, and he gives a very simple classification both comprehensive and comprehensible. The term Bright's disease is discarded as signifying merely albuminuria.

In the next section the diseases of the pelvis are taken up, these embracing those conditions which require surgical treatment. So far as nephrectomy is concerned the author is not a very warm advocate of the method. He advises against the removal of a kidney unless the operator is reasonably certain that the other one is not diseased. He cites a case wherein a patient died three days after a nephrectomy and the post-mortem examination showed that the kidney which had been left was in a much worse condition than the one which had been removed. On the other hand, he opposes Morris when the latter says that nephrectomy for cancer will be abandoned. He regards it as the proper operation for primary renal cancer.

The diseases of the bladder occupy an entire section, the various morbid conditions of this viscus being pretty fully considered. Vesical calculi occupy a large share of attention, although the author refers his read-

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ers to works on surgery for details concerning the operative procedure to be employed. In speaking of foreign bodies in the bladder he makes an omission to which we desire to call attention, viz : that apparent incontinence may be caused by a hair-pin partly introduced in the bladder.

Diabetes is the subject which closes this excellent manual. This condition is very intelligently discussed from all sides, and this portion constitutes one of the best in the entire work. The various phases, varieties, causes, etc., receive attention, and it would be well for many of the older practitioners to study this subject and acquire more light upon a subject, as yet, none too clearly elucidated.

We were surprised to find an absence of any mention of chyluria, or hemato chyluria, the former condition being one seen at intervals, although the latter is comparatively rare.

The publishers have placed this neat and useful little work in a handsome dress and it will, no doubt, meet with a ready sale, as we are certain it will give its readers satisfaction.

**Tuberculosis of Bones and Joints.** By N. Senn, M.D., Ph.D. 8vo. pp. 504. [Philadelphia and London: The F. A Davis Co., 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $4.00.

Senn is not only a prolific writer, but a surgeon whose original work has gained for him a world-wide reputation. He has demonstrated as no one ever did before that the theoretical experiments of the laboratory have a wide and useful range of applicability in actual practice. He had foreshadowed some time ago the fact that he was to write the work before us, and we have impatiently awaited its appearance. Tuberculosis of the bones and joints is a subject of the highest importance to the physician as well as to the surgeon; for, the greatest success will attend the treatment of those cases which are recognized early and in which the proper procedures are employed, coupled with a rational internal treatment directed to an amelioration of the general condition which is present.

The book before us is a true reflex of the methods employed by Senn. It is thorough and comprehensive, and, at the same time, eminently practical in character. The entire work is written in a very systematic manner. The author begins with a historical sketch of his subject, following this with the proofs which establish the tubercular nature of so-called strumous disease of the bones and joints. The bacillus tuberculosis receives full considera ion, and is followed by two exceedingly interesting and valuable chapters devoted to the histology and the histogenesis of tubercle.

After these preliminary considerations the author takes up the tuberculosis of the bones and joints and enters into the description both of the symptoms and appearances presented and the indications for operative interference. He is very minute in his directions in regard to the operations which are indicated and the dressings which are to be applied. He furthermore speaks at length in regard to the after-treatment to be employed. Respecting tuberculosis of joints he is a warm advocate of iodoform injections, having met with great success in their use. The various peculiarities of tuberculous affections of the different bones and joints are all described, making the work a most comprehensive one, covering the entire field. He is distinctly opposed to the use of Koch's lymph.

A most valuable aid to the elucidation of the text is comprised in the illustrations which are 167 in number, not to mention the plates, which are seven in number and very well executed. We do not desire to recommend this work to surgeons as we know that no progressive operator can afford to be without this book. Every surgeon must possess it, if he desires to be at all included among those who are abreast of the times. There is a large class of physicians, however, who are remote from large medical centers who should certainly avail themselves of this opportunity of adding to their libraries a work which they will find of the highest value in their daily practice. To those our advice is to obtain a copy immediately, for it will open up to them new fields of knowledge and point out successful paths to follow.

**Castor Oil after Swallowing Foreign Substances.**—Dr. Benj. Edson records the following case (*Med. World*): Mrs. W. and her daughter, eighteen years old, came to my office recently, bringing a shawl pin as a sample of one that the daughter had just accidently swallowed. An officious but unwise neighbor had promptly advised a dose of castor oil, which fortunately had not been taken.

I directed an abundant diet of solid food, chiefly bread and potatoes. This was continued for five days, during which time there was no action of the bowels. A full enema was then ordered, and in the copious dejections the pin safely passed *per vias naturales*.

On examination it proved to be a sharp, steel lace pin, somewhat blackened, one and seven-eighths inches long, with a black glass head larger than a marrowfat pea.

There is nothing very remarkable about this case, but I report it chiefly for the purpose of entering my emphatic protest against giving castor oil after coins, pins, needles, peach pits, etc., have been swallowed. The family oracle usually suggests this vile remedy, and I have heard of cases in which the family doctor had sanctioned or ordered it. Probably in more than half the instances where foreign substances are swallowed, castor oil is given. Don't give it. Cram your patient with solid food that leaves an unusual amount of fecal residue, and you will do the best thing that can be done under the circumstances.

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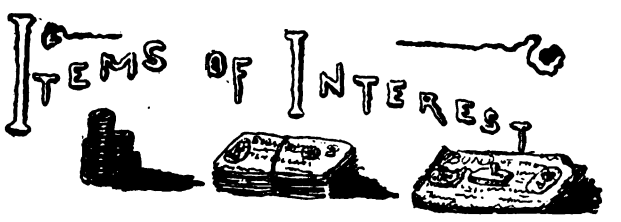


**The American Text-Book of Surgery,** it has been remarked by some, was written by thirteen surgeons. Despite the ominous number everything points to its being a huge success.

**Bequests.**—The late Mr. William Henry Rawson, of Sowerby, Halifax, has by his will bequeathed £500 to the Halifax Infirmary, and £100 each to the Royal Albert Asylum, the Earlswood Idiot Asylum, and the Hospital for Incurables, Putney.

**If You Wish** to remove a deciduous tooth and through fear the child will not permit it, slip a piece of rubber tubing over the crown down to the neck of the tooth, and in a few days the tooth will be so loose that it can be extracted with the fingers.

**Professor Antonio Augusto da Costa Simoes** has been appointed by the King of Portugal, Rector of the University of Coimbra for a period of three years. This is the first time that a professor in the medical faculty has been appointed to the post.

**An Unusual Occurrence** is reported from Havre, where Madame Levasseur, a woman of thirty years, gave birth to four children—three girls and a boy—all of whom expired a few hours after their advent into the world. The condition of the monther is quite satisfactory.

**Cholera and Alcohol.**—The *Indian Medical Gazette* states that, owing to the priests at Astrabad having preached that cholera in that province is due to the use of alcohol, the mob attacked the liquor shops and looted the Armenian merchants, who are Russian merchants. This is a highly profitable form of anti-alcoholic zeal, but even Sir Wilfrid Lawson would doubtless take exceptions to such a mode of enforcing temperance principles.

**Cholera Carried by Flies.**—At a meeting of the Hamburg Medical Society an interesting account was given of bacteriological demonstrations of the fact that the infection may be carried by flies. Nine flies were captured which had been in contact with cholera intestines in the post mortem room at the Eppendorf Hospital. Each was placed in a flask containing the ordinary nutrient gelatine. In six of the nine flasks numerous colonies of comma bacilli were produced.

**An American** has invented a method by which the perfume can be extracted from living plants as fast as it forms in the blossoms, by blowing a wind over them and then catching the same in an alcohol trap. To enthusiasts this may seem plausible, but on second thought one is tempted to say with our friend, the Dutchman, "If you t'inks so, don't you belief it."

**Medical Practice in Mexico.**—By Mexican law no person is allowed to practice medicine or surgery without having passed an examination conducted by properly appointed examiners. This examination consists of written papers and *viva voce* examination of cases in hospital thesis, and all must be passed in Spanish. The latter proviso may sometimes be relaxed. Practically in country districts one is not interfered with, as the so-called doctors (Mexican) are themselves unqualified men.

**Deaths under Chloroform.**—An order has been issued by M. Peyron, Chief of the Assistance Publique, to the directors of hospitals in Paris, to render an account of all accidents caused in their establishments by chloroform inhalation. The following details are to be furnished: the date of the accident, the service in which it occurred, the name of the surgeon, the name, age and profession of the patient and the malady or operation necessitating the administration of chloroform. These statistics will go back to April 1, 1890.

**New Degrees in the University of Durham.**—The University of Durham (England) has just added two more degrees to the already comprehensive list which is available for those who undertake the study of medicine in connection with its university. The degrees in question are to be known by the symbols "B. Hy." and "D. Hy.," or, more explicitly, Bachelor and Doctor in Hygiene respectively. The course will not only partly cover the ground comprised in the "D.P.H." and the diploma in Public Health granted by several of the other universities, but it will also include examination in such subjects as bacteriology, vital statistics, sanitary medicine, etc.

**A New Condition** has been brought to light through the researches of the gifted editor of the *National Medical Review.* He writes: In these days of bacteriological research we must always be prepared for the most astonishing things. For instance, when we read of the great variety of germs found on an old dollar bill we almost fear to touch one should it ever chance to come within our reach. But it remains for a publishing house of a neighboring city to give to the profession the last novelty in the form of disease. Printed in bold type on the wrapper, covering a most interesting book, we read: "If this book should miscarry." * * * Oh! If it should! And right among such a promiscuous crowd as is usually congregated in a United States mail bag.

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**Dr. A. G. Hobbs,** Professor of Ophthalmology, Otology, and Rhino-Laryngology for the past twelve years in the Southern Medical College, Atlanta, Ga., has recently resigned that position.

**Dr. Koch** denies the fact that the comma of cholera can be transmitted through the mails, says the Hot Springs *Medical Journal*. What we desire to know is —does that journal know it to be a fact. If so, how?

**Recent Telegrams** from Sydney, New South Wales, state that the Medical Congress being held in that city during the week has been a complete success. More than 600 members attended the meetings, and over 160 papers on various medical subjects have been announced.

**Muchold** reports a case of Grave's disease in which he removed the posterior half of one of the inferior turbinate bones with the galvano cautery, with immediate improvement in all the symptoms except the goitre, which was, however, readily reduced by a mild galvanic current. He suggests the possibility of the disease being sometimes due to some reflex disturbance.

**Women Medical Students.**—The Faculty of the Columbian University in Washington have withdrawn the privileges which they have previously offered to women in the medical department. The reason assigned is that the presence of women as students kept men away, and they had no desire to become a female seminary, and that the teaching of men and women together is demoralizing to both.

**In Prof. Bergmann's Clinic,** at Berlin, instruments before use are boiled for five minutes in a one per cent solution of carbonate of soda. In this solution they remain until required by the operator. Whenever they come in contact with anything not aseptic in the course of operation, they are resterilized by dipping them in the boiling soda solution. Instruments are thus kept aseptic and keen edged and prevented from rusting.

**The Hospital Nurse** who recently died of cholera in Paris, was the first to come forward (*Pract. and News*) when an appeal was made for volunteer nurses for the special cholera wards. She was a small, wiry woman, and looked delicate, but would not allow that she was not strong. While she was following the house physician upon his rounds, she was taken ill. At first she was bled, and then blood was transfused into her arm from the arm of a hospital attendant, but she got no better and died. The funeral, not to frighten people, was as quiet and simple as could be. The authorities wrote a letter to her husband to tell him that she was to be buried at the expense of the city, to have a perpetual grave, and her name written in what is known as the Golden Book at the Hotel de Ville.

**Dr. John S. Dickson,** of Allegheny, Pa., died recently at the age of 48. He had practiced medicine twenty years.

**Dr. J. Collins Warren,** of the Harvard Medical School, has accepted the Executive Presidency of the Section on Medical Pedagogics of the Pan American Medical Congress.

**The Electrical Review** will present weekly a department devoted to the various applications of electricity to medicine and surgery. A sufficient guarantee of its value is the fact that Dr. J. Mount Bleyer, of New York, has been engaged to conduct the department.

**The Specific Organisms** of both psoriasis and eczema are said to have been demonstrated. In the case of the latter Dr. Unna has obtained pure cultures from which men and monkeys have been inoculated, with the resulting development of the disease. He intends to publish the details of his research and its results shortly. The epidemic of cholera has prevented the Nuremburg Congress and delayed his announcement.

**One Dollar Commission.**—Not long ago, and possibly at present, one or two drug stores of a large American city kept a series of Yale-locked behind the prescription counter, each marked with the name of a physician of the city (*Med. News*). The boxes had a slot sufficiently large to admit a silver dollar, which, wrapped in the prescription, was placed in the box, when, bp the careful direction of the writer, the patient had been pilotep to the store. The special key was carried by the honorable gentleman whose professional card was upon the box.

**That Reason** is not an available weapon in dealing with the antivivisection crusaders is by this time an accepted axiom with medical men (Sheffield *Medical Journal*). To what lengths the fanatics will go in the riding of their hobby is exemplified anew in "Speeches and Addresses by the late Archbishop Magee" (Isbister and Co.). He was virulently attacked for his speech on the Cruelty to Animals Bill, wherein he advocated Government control and the use of anesthetics. Because his statesmanlike mind would not allow him to support total prohibition, every post brought him letters, anonymous and otherwise, denouncing his speech and himself in terms which could not have been stronger had he voted for vivisection pure and simple. One anti-vivisectionist actually wrote to him in 1883, when he was suffering from a very painful illness, which seemed almost certain to terminate fatally, "Thank God, you are now suffering some of the torments to which you would have devoted dumb animals, and will shortly, with God's mercy, suffer still greater ones." If "the tender mercies of the wicked are cruel," how much more to be dreaded is the anger of fools!

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**Fifteen Chicago Dairymen** have been indicted by the Board of Health for selling milk from cows fed on garbage.

**In Nagaoka of Yechigo, Japan,** small pox prevails, attacking even those who have been vaccinated several times before.

**Prof. E. Beckmann,** of Giessen, nas been called to the University of Erlangen to fill the vacancy caused by the resignation of Hilger.

**In Osaka, Japan,** a school of pharmacy has been established and is called Osaka Kyo ritsu Yaku-gakko. The first session commenced from September 1.

**They Have** enough homeopathic medical colleges in Chicago to educate their own students and those of allopathy too (*Sout. Jour. Hom.*). But they don't, just the same.

**The General Meeting** of Tokyo i-gaku-kwai (The Medical Society) was held September 1, and the following officers were elected for the ensuing year: President, Prof. K. Ogawa; Vice-President, Prof. R, Koganei.

**Advice is Cheap,** and the physician who is perpetually offering advice unsolicited, however good his suggestions may be, is generally regarded as a bore, and his admonitions are unheeded. Do not give advice unless requested.

**Dr. Laborde** declared at the Paris Academy of Medicine that "physiologists who make experiments on dogs observe greater precautions than surgeons, because animals, dogs especially, constitute an important ele ment in the economy of laboratories."

**The Curb-Stone Prescription** is rarely paid for cheerfully, and the unuttered protest against it is generally with good foundation. The physician should seek to sustain the dignity of his profession, and to increase the respect of the laity for the value of skill.

**Dr. Colclough** is convinced that under ordinary conditions, small-pox is not infectious until the second or third day of the eruption; that early recognition and prompt isolation are the important steps to take, and that all persons exposed to infection should be at once re-vaccinated if two years have elapsed since the last successful vaccination.

**Prof. Miyake,** Prof. Ogawa, Dr. Nagayo, Dr Kato, and many others, have planned to establish an Infantage in the city of Tokio, Japan, in aid of paupers. Many contributions have already been made. Any person can join the Society, by contributing, any amount of cash, which may be obtained for instance, by disposing of waste paper, ashes, old clothing, etc.

**Professor Pietro Pellizzari,** the well-known Italian syphilographer, died recently.

**The New York Journal of Gynecology and Obstetrics** apparently no longer publishes the portraits of eminent American gynecologists. Has it exhausted the list, or are its funds low? We have missed many of the gynecologists who think that they are eminent no matter what any body else's opinion may be.

**Dr. Foltanek,** who was recently appointed Professor of Children's Diseases in the University of Innsbruck, has resigned his chair on the ground that there is no clinic and no lecture room for him in the seat of learning of which it was hoped he would be an ornament. A clinical teacher without patients and a professor without a lecture room must be as near to a pure abstraction as is possible.

**Opium Adulteration.**—As early as 1336 opium was adulterated with the gum and milky juice of Glaucium Lactnea. At an earlier date cow dung was used as an adulterant. In the detection of these foreign substances, the opium was burned, and if the flame was pure and clear, it was pure; if not, it was bad. Or, it was exposed to the sunlight, and if liquefied quickly, it was good, if not, it was condemned.

**The Oldest Inebriate Asylum in Europe** is the one founded at Lintdorf, Dusseldorf, in Germany, in 1851, for the retention and protection of released prisoners whose intemperance has led to the cause of imprisonment. There are now five or six inebriate asylums in Germany, and four in Switzerland. There is also an inebriate asylum in Holland, and others in course of erection or contemplated in Germany, Paris, and elsewhere.

**We Regret** to learn that Dr. Villemin died recently at the age of sivty-five. Born in the Vosges, he began life as a teacher in the Strassburg Military School and was next professor at Val de Grace, Paris. His works on Tuberculosis were the starting point of new ideas on that malady. His experiments proved it to be inoculable and contagious. At the International Tuberculosis Congress in Paris last year the greatest honors were paid to him.

**A "Black List" for Coatbridge.**—The practitioners in Coatbridge, England, have formed an association, among the members of which is to be circulated periodically a list of those in the district who are bad payers and who are apt to go round from one medical man to another, victimizing each in turn. It is to be regretted that the moral tone of Coatbridge should have rendered such action necessary, but the practitioners concerned will have to exercise much care to prevent injustice being done to the poor and impecunious.

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**The Law as to the Title "Doctor" in Germany.**—The *British Journal of Dental Science* says: —Several American dentists in Germany have been fined by the courts for using the title "Doctor." The only titles of "Doctor" recognized in the Empire are "Doctor of Medicine," "Doctor of Law," "Doctor of Theology," and "Doctor of Philosophy." It has been held by the courts that any one practicing as dentist and using the title "Doctor," although he may possess such a diploma as Doctor of Theology, implies that he is a Doctor of Medicine, thus misleading the public. This will prevent those dentists holding the D. D. S. or D. M. D. diplomas calling themselves "Doctor."

**A Defence of the Use of Opium by Women in India.**—At a recent meeting of the Woman's Missionary Conference in Toronto, Miss Beatty, a medical missionary from the western part of India, spoke against the efforts making to restrict the use of opium by the natives of that country (*Ex.*). She said it would be cruel to take it away from suffering womanhood until civilization had opened the door of the zenanas to medical men or there were enough women doctors to relieve the agonies which women suffer and must bear without treatment. Opium is inexpensive. All women take it. All babies are drugged with it, and the poor little child-wives are relieved by its aid. "I have seen," said Miss Beatty," a little girl of thirteen with her own baby on her lap. It was drugged and no trouble to her. How could it be when it was asleep? And she would put up her little hands and plead for a doll to play with while she was free from the care of her little one. While the present awful state of things maintains in India, opium is something to thank God for."

**There are Several Ways** of getting on in the world, observes the London correspondent of a provincial contemporary, and the medical profession in particular is popularly supposed to be by no means devoid of the wisdom of the serpent, and he relates the following curious instance of a doctor's cleverness. Some few years ago a country practitioner resolved to set up in London. He was undoubtedly versed in the knowledge of his craft, and had an excellent bedside manner. Moreover, his wife was a peculiarly charming person, whose singing, especially, he hoped would carry him far where the cultivation of acquaintance was concerned. But he had one fatal drawback—his appearance was hopelessly juvenile. However, after much deep cogitation, he resolved to rectify the defect by "dyeing his hair white," converting himself into a variety of a white blackbird. The stratagem proved a complete success, and the doctor in question now makes a most lucrative income, though the snowy hue of his locks is now, alas! quite natural. Possibly some of my readers may be enabled to identify the owner of the cap. As the poet once wrote, "Methinks I see him now"!

**Yellow Fever in Brazil.**—The epidemic of yellow fever which for several months has existed at Santos shows no signs of abating; 350 vessels are waiting to discharge their cargos without any immediate prospect of being able to do so.

**Higher Medical Education in the Southern States.**—The circular recently sent out from Nashville, with the names of Drs. W. T. Briggs and W. D. Haggard, invites the medical schools of the South to a convention in Louisville, Ky., during the session of the Southern Surgical and Gynecological Association which will be held on the 15th, 16th, and 17th of November, next (*Ala. Med. and Sur. Age.*).

The object of this conference is to adopt a uniform standard of requirements by all the Southern schools, and thus place them on an equal basis before the students who may seek a place for pursuing their studies. Without co-operation in the requirements for graduation, it is evident that nothing can be accomplished in advancing the cause of medical education either by lengthening the term, defining the preliminary qualifications, or exacting a thorough knowledge of the different branches or receiving the degree of M. D. Should the schools of one State require a three year's course of study, while others decline to do so, the most probable result would be, that students who are anxious to get a degree by the shortest route, without reference to a high order of professional attainments, should patronize the schools having a two years' course.

**Cholera Inspection,**—Tee peripatetic correspondent of the *Hospital Gazette* says: It was my fate a week or two since to have to undergo a "sanitary inspection" on the Franco German frontier, and the scene recalled, in a far and distant way, the tedious and vexatious formalities periodically enforced in the days before England put her foot firmly down on an antiquated, useless, and delusive attempt to keep out the cholera microbe. The lady travellers particularly were in a state of mental perturbation, not knowing whether or not we should have to undress and stand in a row to be passed in review by the medical officer. As a matter of fact, the inspection was a perfect farce, the inspector merely taking down the name, residence, and destination of the travellers on a yellow card, to be handed in to the police on arrival. The examination of the luggage was a more onerous affair, especially for the ladies. The consigne was to detain and disinfect all soiled linen, and to do this it was, of course, necessary to ascertain what was soiled and what was clean. This part of the investigation was evidently very distasteful to the ladies, and some amusing disputes arose as to whether a given garment was or was not soiled, to the amusement of the bystanders and the confusion of the defendants. Ultimately, after some eighty minutes' delay, we were allowed to get into the train and proceed on the journey, but not without a good deal of grumbling on the part of those who found themselves deprived of under garments usually considered to be "indispensables."

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**Cautious.**—There is a lady in New York who will not permit her children to eat anything of which Indian meal constitutes an ingredient, for fear it will make them savage. She must be the same lady who would not let her children eat spinach for fear it would make them green.

**Cold in the Head.**—For cold in the head while in the acute congestive stage, there is no better remedy than gelsemium. One good large dose, say ten minims of the fluid extract, taken upon going to bed will effectually dispose of this troublesome and uncomfortable affection. One dose is usually sufficient.

**Prescribing in Russia.**—Kennan states that a physician must get permission from the police before he can practice his profession, and then, if he does not wish to respond to night calls, he must have permission to refuse to go; furthermore, if he wishes to prescribe what are known in Russia as "powerfully acting" medicines, he must have special permission or the druggists will not dare fill the prescriptions. Chemists and apothecaries, both in the cities and in the provinces, are furnished by the police with a complete list of names of all physicians who have the right to prescribe "powerfully acting" medicines, such as anesthetics, narcotics and poisons. If a doctor's name is not on this list the chemists dare not fill his prescription for any drug that might be used by a "terrorist" for the attainment of illegal ends. Quacks, however, as shown in the Gatchkowsky case, can sell patent medicines with impunity.

**A City Medical Practice Ordinance.**—Connecticut is one of the half dozen States which has not as yet passed a law limiting the practice of medicine. The Common Council of Bridgeport appears to have thought that if quacks were to be allowed in the State they would at least try to keep them out of the city, and consequently passed an ordinance to the effect "that no person shall practice medicine or surgery in any of its branches, for pay, in the City of Bridgeport, who is not a person of good, moral character, and who does not possess the rudiments of a medical education, or who for any reason would be likely in such capacity, to endanger public health. Every person who shall practice medicine or surgery in any of its branches in the City of Bridgeport, shall within one month of the time commencing such practice register under oath with the Clerk of the Board of Health, his or her name, with the date and place of graduation, and if not a graduate of a medical college shall be registered as not being a graduate, and the locality where each person has previously been engaged in medical or surgical practice. And all persons so practicing at the date of the passage of this act shall cause his or her name to be so registered within one month after the passage of this ordinance. Any person neglecting to comply with this provision shall be punished with a fine of not less than fifty dollars."

**At a Recent Meeting** of the trustees of the Alabama hospital for the insane Dr. J. T. Searcy, one of the most distinguished physicians of the State of Alabama and president of the Medical Association of the State, was elected superintendent to fill the place made vacant by the death of Dr. Peter Brice.

**The Mobile (Ala.) Medical Society** held its annual meeting recently and officers were elected in the places of those whose terms had expired. The following are the officers elected: President, W. H. Bell; Vice President, J. P. Hurt; Secretary, L. E. Ray; Treasurer, R. T. Reid; Board of Censors, O. W. Shephard, W. A. Neal, W. L. Pounds, R. T. Reid and L. E. Ray.

**Simple Tests for Impurities in Water.**—The following methods of determining the presence of impurities in water are given by Walling (*Phar. Era*): 1. For organic matter, put a little of the sample into a beaker, add two or three drops of dilute sulphuric acid and color distinctly with a solution of permanganate of potassium. If much organic matter is present the color of the permanganate becomes discharged almost immediately; if less or very little, it takes longer to decolorize. If the color has not changed in twenty-five or thirty minutes it is safe to assume that organic matter was not present. This is a tolerably reliable test. 2. For nitrites, a little sulphuric acid added to the water forms nitrous acid if nitrites are present, which is easily detected by its power of liberating iodine from iodide of potassium. A little starch paste is mixed with a small quantity of a solution of potassium iodide, and the mixture added to the suspected water containing the sulphuric acid. If nitrites are present the nitrous acid formed liberates the iodine from the iodide, which turns blue with starch. This indirect method is a ready means for detecting the nitrites if present in not too small a quantity. 3. Nitrates are detected by converting into nitric acid, which turns morphia red. A portion of the water is evaporated to dryness, the residue treated with a drop of strong sulphuric acid (which makes nitric acid of the nitrate) and a portion of morphine added. If nitrate is present the morphine gives red color. 4. For ammonia, Nessler's reagent is by far the best test. It may be made by dissolving eighteen grains of oxide of potassium in a little water, adding solution of mercuric chloride until the red iodide of mercury first formed redissolves upon agitation. To this is added a solution of fifty grains of caustic potassa and distilled water to make eight ounces. This reagent will detect 0 00375 of a grain in a pint of water by giving a yellow color. A reddish color or precipitate forms with larger quantities of ammonia. 5. Albuminoid matter requires a more elaborate proceeding for its detection. If all of the above were found it is hardly necessary to go to the trouble of looking for albuminoids; the water would be unwholesome even if they were not present.

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**Creasote in Typhoid.**—A cheap, reliable and effective method of prescribing creasote in typhoid fever (Pittsburgh *Med. Rev.*):

℞ Creasoti (Morson's),
Glycerini, - - - - - aa ʒij.
Alcoholis, - - - - - - ʒiv.
M.
Sig. Four drops in water every two hours.

**Vaginismus.**—The following is recommended by De Sinety as affording relief in obstinate cases of vaginismus (*Med. Rec.*):

℞ Thymol, - - - - - - gr.iij.
Extr. belladonnæ, - - gr.xij.
Potassii bromidi, - - - ʒss.
Ol. theobromæ, - - - ʒiv.
M. Et ft. suppositoria No. iv.
Sig. One suppository, as needed.

**Asiatic Cholera.**—The following appears in the *Medical News*:

℞ Cocainæ hydrochlorat., - - gr.ss.
Acid. hydrochloric.,
Tinct. opii, - - - - - aa ♏v.
Aquæ destil., - - - - - ʒvjss.
Syrup. simpl., - - - ad ʒj.
M.
Sig. A tablespoonful in ice-water, at first every hour and subsequently every second hour.

**For Asthma.**—The following formula is credited to Bartholow by the *Medical News*:

℞ Potassii iodidi, - - - - - ʒiij.
Ext. belladonnæ fluid., - - ʒj.
Ext. lobeliæ fluid., - - - ʒij.
Ext. grindeliæ fluid., - - ʒss.
Glycerini, - - - - - - ʒiij.
M.
Sig. A teaspoonful as required.

**A Skin Tonic.**—The following is said to be an excellent cosmetic wash for the face (*Ex*):

℞ Spirit of ammonia,
Spirit of camphor, - - aa ʒj.
Coarse salt, - - - - - ʒijss.
Boiling water, - - - - - Oj.
M.
These are thoroughly mixed, and when the solution is cold three ounces of alcohol should be added. It is to be well shaken before being used.

**Here** lies the body of J. Smith,
Who sings another tune
From what he did. Because he changed
His underwear too soon.

**Patient**—"The examination seems to have delighted you, doctor. I judge from your happy countenance that you can save my life."

Dr. Sawbones—"I cannot promise you that; but we must perform a number of most interesting operations on you."

**Excellent Advice.**—Physician (to his patient, a hurried business man on the verge of bankruptcy)—"And above all, preserve an entire equanimity of mind; no cares; no trouble."

Patient—"Thanks, doctor, for your prescription. By the way, where can I have it put up?"

**Small Boy**—"Papa, what are roosters?"

Father—"Gentleman hens, my son."

Small Boy—"Do they lay eggs or hatch chickens."

Father—"No."

Small Boy (meditatively)—"Only hens and ladies hatch chickens and children, consequently I won't have the anxiety of hatching children."

**No Mistake.**—Stranger—"Good morning, sir. I am Dr. Cureall, the catarrh specialist, and I have never yet failed to cure a defective sense of smell."

Mr. Greatmann—"Eh? There is nothing the matter with me."

Stranger—"Strange! Everybody I met told me to come here at once and cure you."

Mr. Greatmann—"There must be some mistake. I am chief factotum of the Board of Health."

**He Hadn't Taken Anything.**—"Have you taken anything for your influenza?" asked the doctor of a long, lank, hungry-looking man who came to him complaining of being "all run down," his appearance verifying his words.

"Well, I ain't been takin' much of anything, doctor—that is, nothing to speak of. I tuk a couple o' bottles o' Pinkham's bitters awhile back, an' a bottle o' Quackham's Invigorator, with a couple o' boxes o' Curem's pills, and a lot o' quinine and root bitters my old woman made up. I've got a porous plaster on my back an' a liver pad on, an' I'm wearing an electric belt an' takin' quinine and iron four times a day, with a dose or two of salts ev'ry other day. 'Ceptin' for that, I ain't takin nothin'."

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**Fast Time.**—On the Pennsylvania Central recently in a trial of speed a locomotive of their own manufacture drawing two cars ran a mile in 47 seconds.

**Meeting of the International Medical Congress** (American Public Health Ass'n).—In the City of Mexico, Nov. 29, 30 and Dec. 1 and 2, 1892. The elegant special Pullman Car to convey the delegates and their families from St. Louis to the City of Mexico and return, will leave St. Louis Nov. 19, 8:20 P. M. The car is rapidly filling up. Among the number who have engaged space, are: Dr. C. M. Hewett, wife and daughter, Red Wing, Minn.; Prof. DeLaskie Miller, Chicago; Prof. R. C. Kedsie, Michi gan; W. A. Morrison, St. Louis; Dr. E. S. Cook, Mendotte, Ill.; Dr. C. C. Hunt, Dixon, Ill.; Mrs. L Miller, Cincinnati. Receptions will be given the party at Hot Springs, Ark., San Antonio, Tex. and other points. Meals will be served on the special car at net cost. No such arrangements for a luxurious trip at so slight an expense, have ever been offered. Applications for space in this car should be made at the earliest moment possible. For further information, maps, time tables etc., address: S. W. Elliot, C. T. A., Mo. Pac. Ry., Northwest Corner Broadway and Olive St., St. Louis, Mo.

**A Trip to Mexico.**—Grand Excursion November, 1892.—At this season of the year, Mexico, with its congenial winter climate, historic points of interest, etc., command the attention of the well informed tourist in search of health, pleasure and recreation. A splendid opportunity for a trip to the quaint old Republic will be offered to the people at large on the occasion of the An nual Meeting of the American Public Health Association, and International Medical Congress which convenes in the City of Mexico, November 29, 30 and December 1 and 2, 1892.

The remarkable low rate of one fare for the round trip will be in effect via the Iron Mountain Route, and tickets will be good to return until December 31, 1892, with choice of going one route and returning another. A number of parties have already decided to join this excursion, and applications for accommodations should be made early in order to avoid all inconveniences.

For circular descriptive of the trip, giving more detailed information relative to rates, itinerary of special train, and points of interest reached on the journey to the City of Mexico, also an elegant illustrated and descriptive pamphlet, address Company's representative in your terriiory, or H. C. Townsend, G. P. A., St Louis, Mo.

# TRADE NOTES.

**The Delirium of Fevers.**—Neurosine (Dios Chemical Co.) excels the so called derivitives of coal tar in quieting the delirium of fevers with absolutely no deleterious effects upon the stomach, or depressing action upon the heart. See page iv.

**When the Bowels** are out of order the whole economy suffers. The women or men who can procure a regularity of their bowels by the adoption of simple means are the ones who will appreciate the Syrup of Figs, as it will effectually demonstrate to them the efficacy of the remedy. See colored page.

**The Phenique Chemical Co.,** to which we have already alluded in reference to Salitonia, also manufacture Campho Phenique and Chloro-Phenique, antiseptics *par excellence*, which are not only efficient, but based upon scientific principles. By addressing this company, literature upon their products may be obtained. See page xv.

**The Lambert Pharmacal Co.** is so well known as to need no introduction from us. This old established firm is probably best known by the phenomenal success which has attended its introduction to the profession of listerine. The Lithiated hydrangea also made by this firm is a preparation of the greatest therapentic value. The uses and applications of these remedies may be learned by addressing the manufacturers. See page ix.

**Strontium Salts** are among the preparations which have recently attracted universal attention and so far as clinical experience goes they have justified the claims advanced for them. Midy's sandalwool oil capsules, Le Beuf's coal tar saponine, etc., are also among the French preparations which have been brought forward and which are among the best made. Our readers would do well to bear these facts in mind and if they desire more information on the subject they can find it by consulting our advertising pages.

**Cerebral Localization** is daily gaining more and more prominence in the determination of brain lesions and it has gained so much headway in latter years that every practicing physician should familiarize himself with the subject. He can easily do this if he will but consult the chart issued by the Dios Chemical Co., of St. Louis. The same firm will also be pleased to send their chart giving in colors the anatomy of the uterus and its appendages. This chart is reliable and well made and we would recommend all of our readers who do not possess one to make application for same at once. Both charts will be sent free post-paid on receipt of request.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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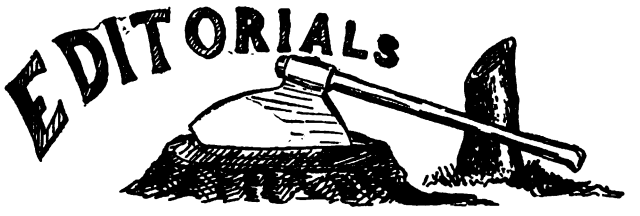


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Extraordinary Cases.

Solomon was adjudged to be the wisest man of his times and as years crept upon him his wisdom gained apace. He grew old in years and rich in honors and it was when age had accorded him more than his share of the knowledge of men and things that he compiled the sayings which have made him so famous. Among these aphorisms we find the following in the Latin vulgate: *Omnis homo mendax.* The assertion may seem to be rather radical and sweeping but it contains much truth. All men are liars to a greater or less degree and consciously as well as unconsciously. The tendency to exaggerate is inborn, possibly depending upon the same causes which have engendered the love for the marvellous which is still strong in humanity. Turn where we will we find this eagerness for the strange and apparently abnormal manifested to a greater or less extent by all; and it has been a prominent trait since human beings existed, so far as we can determine. It all stations and conditions of life have we seen the exploiting of tales detailing the most extravagant occurrences which had come under the observation of the narrator. Travelers' tales acquired a peculiar and widespread reputation for untruthfulness, but this did not prevent their continued recital nor the acquirement of interested listeners. As civilization advanced credulity diminished and the consequence was that stories became more elaborate and were constructed upon a better plan in order to lend an air of verisimilitude to what might otherwise have been deemed very ordinary and coarse falsehoods. This change of front has also been necessitated by the great scientific progress which has been made in general. In fact, it has led to a more elaborate system of manipulating language and concealing truth. Among the professions this tendency has appeared to be a growing one and we have more particularly noted that it has become quite a marked feature in the medical profession, manifesting itself at all times in season and out of season.

To be more explicit it is a common experience to hear wonderful tales related at medical society meetings. A member will report a case which seems to him of an unusual nature and will honestly detail what is in reality a rarity. This is the cue for others to relate similar instances which they observed thirty or forty years ago. Not only are we regaled with all the imaginary details, but time, locality, person and all those little adjuvants which an apparently retentive memory could furnish. We have also seen these interesting narrators pitting themselves one against the other in an endeavor to make each case more strange than the one just previously described. In fact, the whole affair assumed the appearance of a match to see who could relate the most unlikely tale. On the other hand, we have also been witness to some ludicrous exhibitions by these same dealers in extraordinary cases. Having heard the initial one and not clearly understanding it, the man of large experience has spoken of a similar case as he thought when in reality he was giving utterance to the veriest absurdities thus convicting himself out of his own mouth. We do not know whether this is a habit or merely an amusement, but one thing is pretty certain—these tales do not impress any but the veriest novices or the exceedingly credulous. Those of any experience or of ordinary intelligence are quick enough to distinguish between the genuine and the spurious rarity. They are sufficiently discerning to know what the probabilities are in any given instance, and taking this into account together with the powers of observation of the

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different individuals making these rash claims a very fair and just conclusion may be arrived at in a comparatively short time. However, this is such a common thing that little or no attention is paid to it except by publication committees who are always careful to eliminate stories that sound too wonderful, from the transactions over which they preside.

We have another variety in the way of extraordinary cases which is ludicrous in one respect but which on the other hand leads to very serious reflections on the part of those who have the advancement of the medical profession at heart. We wish to speak of well-meaning and honest men who are unfortunately furnished with but a scant store of information. These individuals are often close observers and note symptoms very carefully. In such instances we will have an elaborate report made of a case of disease in which aberrant symptoms are carefully described. The writer will furthermore supplement his elaborate description of symptoms, treatment, and result with observations and reflections upon the rarity of his case, upon the extraordinary signs presented and upon his extraordinary good fortune in having been enabled to observe phenomena which he regards as unique. The crushing effects of stern reality upon such a one are truly pathetic to behold. When he learns of one better read than he that a number of authors have called attention to the very details he has mentioned and that the aberrant type is one commonly recognized and frequently seen, his hopes of distinction to be founded upon the case are crushed and he feels deeply his lack of information upon a subject with which he regarded himself as thoroughly familiar. It is perhaps cruel to dash the fond hopes of a physician, yet it is best to do as he thereby becomes more desirous of familiarizing himself with his profession and the work which has been done in it. He further learns to be much more conservative in his views and statements and if he works hard he may, at rare intervals, contribute novelties and he can, at all times, add his share to the general fund of information.

We have met another type difficult to describe and in whom it is difficult to determine whether ignorance or malice is the greater. We can best describe this class by citing an example. Some years ago a physician (in name, at least), claimed to have discovered a new parasite as the cause of eczema, accounting thereby for the large number of cases of the disease which had been transmitted by contagion. This was indeed a pathological novelty and the claim of this brilliant light was backed by his offering to send a mount of his parasite for microscopic examination. Such an offer was certainly not to be lightly considered or thrown aside. It was accepted and in due course of time it arrived. And what a mount! A red blotch on a piece of ordinary window glass, no cover glass, constituted the proof of the wonderful discovery. The stain which was used was ordinary carmine ink and but roughly smeared on the glass. However, externals may be deceptive so an examination was made. The pretended parasites proved to be human spermatozoa! Fearing that an error might have been inadvertantly committed the slip was sent back with an inquiry as to any possible mistake, but without hinting at what the findings had been. It was forwarded once more with the assurance that there not only was no mistake, but that the sender thereof knew what he was doing. This effectually closed the extraordinary case and we have since had opportunity of seeing it in print in a reputable medical journal. We do not care to comment upon individuals of this type as comment would be an attempt to gild refined gold or rather to cover pure brass with more of the same material.

The last class to which we desire to refer is probably the most dangerous because it is composed of bright, intelligent men who are ready with the pen. They know how to write in a taking manner, how to speak with apparent conviction, and their knowledge is sufficient to keep them out of any pitfalls or traps which may be spread for them. The great majority of these sinners are surgeons and they do their work in a thorough manner. When the question arises as to the success attending a certain operation, they immediately rush into print with statistices that are perfectly horripilating. They will tabulate cases with an *abandon* worthy of a better cause. The successes, imaginary for the most part, are marshalled out with a bold front and the failures are apparent only through their paucity. The comments are equally well doctored. The most harrowing descriptions of complications are given and the skill employed in overcoming them it shown by the happy final results. It is on this account that statistics are no longer relied upon. They can be too easily manipulated and the only safe record of cases upon which to depend is that which the individual compiles for his personal use.

The surgeons of this class furthermore have the extraordinary good fortune of performing operations which are so rare that until we hear from them we look upon them as almost extraordinary occurrences. Strange to say, when a new operation is spoken of by its originator and he describes it in a medical publication, we hear of a surgeon who has immediately performed it. This same surgeon will publish the account of another operation immediately after the originator of it describes it in print. It might be possible that this would occur in a single case; but, when it is a matter of constant recurrence doubts begin to be expressed as to the truth of the accounts emanating from the skilled operator who always follows but never originates.

We could go on multiplying the examples of those who are afflicted with extraordinary cases, but who can never submit undoubted proofs of their claims. To prove them false is also well nigh impossible and it is certainly profitless, as they are soon marked and what they write is taken for what it is worth. Their *cacoethes scribendi* comes to be looked upon as a harmless form of amusement incident to an undeveloped *folie des grandeurs*. We probably need such as a divert-

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ing element in the great and serious etruggle of prolonging and saving human life and it is doubtless of some negative value in the way of instruction of an objective character.

**Credit** is a good thing in its proper place but the following advice from the Texas *Commercial Traveler* should be remembered by every doctor: Always bear in mind that in trusting a man you are doing him a favor, and at the same time a bill is due you have just as good a right to request him to settle as he has to request you to get the job done on time in the first place. Always set a time when a bill shall be paid. Indefinite credit is the worst of all evils. The more prompt a man can be made to pay, the better customer he becomes. If a man proves to be poor pay and unreliable, do not continue to accept his orders.

Never credit on the strength of personal acquaintance alone. A man may have the hearty grip, winning smile and tender conscience of a Young Men's Christian Association secretary, and yet never dream that your pay roll comes around on Saturday. He may have an eye of tender blue and wear the finest clothes, you may see the corner of a half-used checkbook sticking out of his inside pocket; yet he may never pay his bills. When asked for credit, always investigate the man's previous standing and get your information from the people who trusted him before. Always bear in mind, "The best criterion as to how a man will pay his bills is the way he has paid them."

Study this subject and you will realize before you are too old to profit by it the value of cash on hand—the ghost-like, unreal, visionary value of book accounts.

**A Surprising Decision** has been recently rendered in Texas. The following is the newspaper account:

San Antonio, Oct. 17.—Dr. James Kennedy sued a client for his fee for services rendered. Judge King to-day denied the doctor judgment on the ground that he had no certificate from the county board of medical examiners as the law required. There being no medical board in the county, it would appear that not only are all the physicians without legal recourse in collecting fees but are liable to indictment for practicing illegally.—*Daily Statesman.*

The *Texas Medical Journal* remarks that this is a very remarkable decision if it is correctly reported. The law on the subject of practicing medicine simply requires the possessor of a diploma—without discrimination as to kind of diploma or grade of standing of the medical school granting it—to have his diploma recorded in the office of the clerk of the county court in the county where he proposes to practice, a certificate of such registration or record being endorsed upon the margin of the diploma. Only those who are not graduetes of a medical college, or others, who can show a diploma (of some sort), are required by the law to appear before an examining board and obtain a license. Dr. Kennedy is a graduate of one of the best New York medical colleges; and it is not to be supposed that he ever thought of going before any board for examination and license.

The profession of Texas have fought against the law as it now stands on the statute books, and have insisted on a law requiring an eqamination, irrespective of diploma; but so far without avail. And so long as it is the law, we must abide by it; hence Judge King's decision is a great surprise to the profession; it virtually disfranchises every physician in Texas who is practicing by virtue of his diploma—even after he has complied with the registration requirement.

**The Opium Habit** is one of great magnitude in India as well as of great importance. Among other things the Calcutta *Medical Reporter* says: This question of the usage of opium by the people of India is being so forced on public attention in England, that it has become necessary that every journalist in India who has the welfare of her people at heart, should instruct themselves on all the bearings of the question and protest against any hardship being inflicted unnecessarily on the dumb millions of India. Let the pen of the journalist advocate honestly and strenuously what is the truth about the matter, what the people themselves desire. We confess remissness hitherto, but the recent able discussion of the subject, by the members of the Calcutta Medical Society, made our duty clear to us and we sought for all available information. The discussion of the Opium Question by the members of the Calcutta Medical Society and Dr. Lawrie's annual report of the Hyderabad Government, for Fasli, 1300, has made it appear to us that, should legislative action be taken in India at the instance of the Secretary of State, himself coerced to it through the efforts of the Anti-Opium Party, whose efforts are based on unsound data or facts, which seem to originate from imagination, such legislative enactment, tending to the stoppage of the sale of opium for dietetic purposes, or as a luxury, as opium smoking may be called, would be the inflicting of a grievance upon the people of India. For any Government to voluntarily cause a grievance to its people is most unsound policy, and it is the duty of journalists to protest before such errors are committed. A mistake of this order by the government, may at the beginning seem like the cloud no bigger than a man's hand, but it may foreshadow a great storm. At firet a little friction, a little grumbling, in the end an uprising of masses of the people.

We always like to call a spade a spade, and so cannot help writing that, all this outcry for the suppression of the opium traffic, appears to us to be in support of a fad, and that many warm champions of suppression are simply courting cheap notoriety. The manifestation of this spirit is the marvel of our day. It is a like spirit, a desire to be spoken about, that gives us Lurlines, lion tamers, parachutists, and swimmers of the

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English Channel and Falls of Niagara, though in these latter, it claims some respect, but to the hundred other ways that it displays itself, it manifests a trivialness that cannot ask for respect nor elicit it.

**The Proper Course** to pursue when consulted by a married woman who has syphilis was discussed by Professor Fournier in a lecture before his class, and the advice given was to keep the patient from knowing the nature of the trouble, but to inform the husband and let him communicate the truth or not to his wife as circumstances demanded. To get at the husband Prof. Fournier tells the wife that it will be necessary for him to give her husband certain directions and asks her to send her husband to him. His idea is that if the wife has contracted the disease from the husband she will readily assent to this, while if she has been exposed through relations with some one else, she will be unwilling to have her husband brought into the matter and will probably confess the source of the disease. The physician would do better to treat the case only from a medical standpoint and to let alone all intriguing says the *Northwestern Lancet* and we fully agree with it. Those who have had any experience in such matters have learnt that silence is golden, and ignorance priceless.

**To Avoid Certain Things** is absolutely necessary especially in examining cases with intra-pelvic disease. Speaking upon this Dr. C. A. L. Reed says (*Practice*) that a writer in Mann's System of American Gynecology advises that at every first interview the external genitalia should be subjected to careful inspection, and offers certain alleged reasons why this should be done. There is no more reason why this should be done than why a woman should be ushered into the consultation room with the bust exposed. The procedure is as indelicate as it is unnecessary, and ought never to be practiced in the absence of some special indication. No instrument should be used that is not necessary for the detection or treatment of diseased conditions, and should then be selected with reference to ease and painlessness of application. Under this rule, and with our refined armamentarium to choose from, I would no sooner think of making an examination with, for instance, a Ferguson's cylindrical speculum, than with a lamp's flue or a joint of stove pipe. It is this instrument with its tortures that accounts for so many cases never passing beyond their first examination in a course of seriously needed treatment. The sound is to day the opprobrium of the gynecic outfit, capable of doing a vast amount of mischief and furnishing no information that cannot be more easily and more accurately acquired through other means, hence, ought not to be employed. I am not now the possessor of such an instrument. It is not necessary for purposes of diagnosis to stand a patient on her head, nor to put her in any of the extraordinary positions so graphically pictured in the books. I cannot imagine anything more repugnant to a refined woman than to come into a strange doctor's office and be made to assume a series of grotesque and utterly needless postures as if she were a professional all-round athlete.

**The "Ins" and "Outs"** are spoken of by Dr. E. A. Jenner (*Railway Age*) in regard to railway surgeons, more particularly as follows: The right of any society or corporation to employ a surgeon or any other officer its wants may suggest, it seems to me, should not be questioned, and in searching for a prompting cause that any individual might have to question this my mind naturally noted the "ins and outs" as the probable one. The rule adopted by secret societies, insurance companies and hospitals is the same; each exercising the right to employ such persons as suits its necessities and who are expected to meet those needs. The amount paid by railroad companies for services to surgeons, while not extravagant, has generally been equal to the amount of the services required. I fail to see that injustice is practiced in having some one authorized to look after the injured, coming as these injuries do, without warning; and at no time have I found any unjust demand made by the companies with which I have been connected.

The honor and integrity of the medical profession has been as well maintained by the railroad profession as by any other member of the profession, for I regret to say that some members not railroad surgeons have done that which I have never known a railroad surgeon to do. As you have discovered no doubt, it seems it is the "outs" who complain, and not the "ins." A source of jealousy has been found, but I am glad to say it is shown only by a few. I do not believe the profession generally complain or are disposed to take exceptions.

**Diploma-ed Dangers** forms the subject of an editorial in Daniel's *Texas Medical Journal*. After some preliminary remarks our cotemporary goes on to say: The foregoing reflections have been suggested by reading in the Kansas City *Medical Index* the report of a case where a *seven months old* had received a scald on the arm and cheek, for which "Dr. C." (who reports the case!) prescribed "Carbolic acid, camphor gum, aa 1 drachm; to castor oil, ℥j;" and gave $^1/_8$ *gr. of morphine*, and left another $^1/_8$ grain, "to be given in two or three hours, if necessary." The reporter says: "*The child dropped to sleep and died in about three hours without awakening*," yet as coolly attributes the death to the carbolic acid, and discusses the probability of its having been absorbed!

We do not know which to admire most, the Doctor's childlike, ignorant simplicity, or his assumption that every body else is as big a fool as he; for it is evident that *he* never suspected the overdose of morphine had done its work, or he would not have given it away. It is a remarkable report.

This is not the worst part of the affair. The author —C—of the wonderful report alluded to by the *Texas*

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*Medical Journal* asserts that that the mixture he put up is campho phenique and that the latter is consequently poisonous. This is not only uttering a falsehood but it is a piece of malice which we certainly would not expect the editor of the *Index* to countenance.

**A Question of Nomenclature** is brought forward by Professor Forbes in a recent issue of the *Medical News* and arouses an opportune query. The restriction of the term *symphysiotomy* to section of the public symphysis is, of course, not authorized by the etymology of the word, and if in future the division of some other than that of the public symphysis should acquire exceptional importance, confusion might arise unless some further etymologically unauthorized coinage be invented to express it. The word *pubiotomy* is found in the medical lexicons, but it is difficult to see why it should be thus spelled instead of the more correct *pubeotomy*. It may be said that in the operation in question it is the symphysis and not the pubic bone that is divided, but this is plainly hypercritical, and the suggestion that the adjective *pubic* may be added to designate the particular symphysiotomy would recall the fact that this would require two words to express what the single word (pubeotomy) gives us with equal precision. Besides this, in case of other possible symphysiotomies, we would have somewhat absurd terms of "great length and thundering sound" well fitted to "amaze the gaping rustics ranged around." Will the obstetricians permit us to use pubeotomy?

**Charlatanism** is properly stigmatized by the *Southern Journal of Homeopathy* which goes on to say: Suppose every physician who has had special success in the treatment of some disease with some one or two drugs, would refuse to make known to his professional brothers his effective tools; what bearing would this have upon the development and progress of the art of medicine, to say nothing of the science of therapeutics? Suppose this principle of exclusivism pervaded the profession, consistency would compel the adoption of nature's first law of self preservation as the fundamental basis of the code of medical ethics instead of the Golden Rule.

It is a willingness to help his brother in difficulty which characterizes the charity of the liberal physician, the charity inculcated by the Golden Rule.

Although this may be recognized by all right minded medical men, yet it is one of the hardest things to teach the average layman, the business man whose heart is incrusted with gold. Not the "double-chloride" but simple aurum metallicum. It is for this reason,or rather, it is for this lack of reason that the public has from time immemorial flocked to the men who are always ready to relieve them of their golden incrustations. The great quack of Dwight, Illinois, owes his golden increment to this blunted perception of the average man, to the stupid gullibility of that "great big booby," the public, whose expressed appreciation of fine moral problems has frequently been called Vox Dei. And it is from this great mass of mankind that such men as Dr. Keeley are derived; not from the great physical mass, but from the great moral mass of the mob element, the element that tends to the "strike," the "boycott," and anarchism. From this great class of ethical perverts quacks are derived and to this class they cater.

**The Abuse of Mercury** is not as fully appreciatep as it should be according to the *Bacteriological World*. That mercury is a valuable remedy in some forms of disease cannot be disputed. That it is a most effective germicide is well known, and doubtless this property is what gives it its chief value as a remedial agent. The ancient notion that mercury is a cholagogue was long ago exploded by Bennett, in his experiments upon dogs, which were afterward confirmed by the elaborate researches of Rutherford. Doubtless the supposed cholagogic action of mercury is due to the germicidal properties of the drug, which, by lessening morbid fermentations and putrefactive processes in the intestine diminishes the amount of ptomaines which the liver is compelled to destroy, and hence enables this organ to do more efficient work in the performance of its bile-making and glycogenic functions.

The fact that mercury has sometimes proved so efficient a remedy, has led to its enormous abuse. The writer has endeavored to call attention to this fact in various ways and on various occasions during the last twenty years, and is now encouraged to see that so excellent an authority as Landolt is raising a vigorous protest against the abuse of mercury, especially in affections of the eye. As this acute observer remarks in the *Archive d'Ophthalmologie*: "The doctor as well as the patient may sometimes be the victim of a species of auto-suggestion. The physician somehow becomes convinced of the great value of a remedy, without any scientific ground for his opinion, and yet he considers it a great fault if he does not administer it. This belief does not injure the patient, and may even assist in his recovery if he has faith in the remedy, provided the substances employed are of an inoffensive character. When so powerful and energetic a remedy as mercury is employed, however, the possible beneficial effect of the suggestion is purchased at too dear a price, since the mercurial treatment, by its deleterious effect upon the system, may deprive the physician of a most powerful ally in the curative action of a good constitution."

There is great wisdom in the last remark. The wise physician will ever keep in mind the fact that the curative action of the system itself, or the *vis medicatrix naturæ*, is of far greater value than any single remedy which could be employed in a majority of cases of disease.

**Cholera Prospects** are not as flattering as some suppose, according to the *Hospital Gazette*, which

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goes on to say that a mischievous delusion is current that after September no further precautions are necessary in respect of the spread of cholera. This idea owes its origin, no doubt, to the fact that the number of cases diminishes with the supervention of cold weather. It must, however, be borne in mind that there has never been an European epidemic of cholera which has not survived at least one winter, and some have outlived two or three. Curiously enough, districts which have suffered very severely during one season often escape when the disease breaks out afresh in the following year, but experience teaches us that it is the habit of cholera to begin in the spring where it left off in the autumn. It is a hydra-headed monster, which develops "heads" in arithmetical progression as it is attacked. The *Times* correspondent waxes eloquent over the situation. "It is the old story," he says, "on which I have insisted before with damnable iteration." Every place thinks it is prepared until the enemy is within the citadel, and then it wakes up to find that a thousand things have to be done in hot haste. What is the use, he asks, of advanced sanitary science so long as it remains science and is nowhere reduced to practice? To know what ought to be done helps nothing if it be not done. Owing to our island position and the vigilance of our port sanitary officers, we have been enabled to arrest the invader on his arrival, but if the disease had come, or should come, the other way, *via* the Bristol Channel and into the Thames on the canal boats, nothing could save London from serious trouble. The danger may not be imminent, but it exists, and we ought not to forget it. Hamburg, as we have often pointed out, is not the only town that draws its water from polluted sources, and we cannot afford to go to sleep on our sanitary laurels.

**New Method of Artifical Respiration.**—M. Raborde reported two cases (*Bull Med.*) of apparent drowning in which he had excited the respiratory action by employing forcible rhythmic traction upon the tongue, backwards and forwards. A spoon or the finger is used to keep the mouth open and fix the base of the tongue. At the same time the thorax is enveloped in cloths wrung out of hot water, care being taken not to scald it. This idea was suggested to the author by laboratory experiments upon animals asphyxiated by chloroform, he having noticed that when the tongue was pulled out to straighten the air passages before commencing artificial respiration, respiratory efforts were frequently excited. This led him to investigate, with the result that he discovered this method which he believes is superior to all others. "In all cases—and this is my conclusion—never despair, no matter how probable death may appear," is the advice with which he closes the communication which was made to the Academie de Medecine de Paris.

**The Penetration of Walls by Germs.**—Dr. A. Serafini, Assistant at the Institute for Experimental Hygiene, Rome has recently published (*Bact. World*) the results of a very interesting series of experiments, the purpose of which was to determine the hygienic value of various sorts of building materials, in which are recorded observations which indicate that some species of germs have a remarkable penetrating power. Dr. Sanfelice, a colleague of the author, perforated the wall of the ancient hospital San Gallicano, at Rome, taking great care to collect only the dust which was obtained from the central portion of the wall. On planting some of this dust in nutritive gelatine, he observed the production of a number of micro-organisms, the bacillus subtilis predominating. Other observers have reported similar results. Bonome found the bacillus of tetanus in the walls of an old church. Emmerich found the pneumo bacillus of Friedlaender in the walls of a prison. Uptadil produced an acute infection resembling malignant edema by injecting guinea pigs with cultures obtained from the wall of one of the wards of the old hospital at Augsburg, a ward in which there had been cases of typhoid fever and septicemia.

A question of interest which has not yet been fully settled by experiment, is whether organisms contained in the material of walls or which penetrate them from the outside, can emerge upon the surface and thus become a source of infection. Layet, in his interesting work upon this subject, answers the question in the affirmative, but no experimental evidence has been furnished. In experiments made by Serafini, it was found that germs diffused through water penetrated, without the aid of pressure, into handmade brick to a depth of four inches in twelve days.

**Dislocation of the Radius Backwards at the Elbow-joint.**—Mr. Lewis E. Parkhurst, reports the following case in the *Lancet*: On August 1 I was called to Mr. B——,aged sixty years, who had been thrown out of a dogcart, alighting on the palm of his left hand. I saw him within ten minutes of the occurrence of the accident, and before any swelling had arisen. His arm was semiflexed at the elbow and midway between pronation and supination, and it could not be moved without causing great pain. The elbow was found on inspection to be greatly increased in breadth when viewed posteriorly, and there was a prominence behind and just above the external condyle of the humerus, which was found, on rotating the hand, to be the head of the radius; the latter could not be

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felt in its ordinary position. The nature of the accident was clear and unmistakable, and that it had been caused by a fall on the hand was apparent both from the patient's statement and the existence of an abrasion of the skin over the ball of the thumb. Reduction was easily effected by extension of the forearm followed by traction, and the patient was at once able to move his elbow and fingers. The arm was put at a right angle on a moulded posterior angular splint, and he travelled home next day. Mr. de Mesquita, house-surgeon to the Croydon General Hospital, who subsequently attended him, has kindly informed me that the progress of the case was in every way satisfactory.

This is a very rare accident. Professor Langenbeck of Goettingen, in giving an account of the only two cases of dislocation of the radius he had ever met with, says: "Dislocation of the radius backwards" (at the elbow joint) "must be an extremely rare occurrence, since Sir Astley Cooper never met with this accident in the living and only once in the dead subject."

**Remedies for Defective Color-Vision.**—A committee of the Royal Society appointed to consider the question of testing for defective color-vision has made a report (Boston *Med. and Surg. Jour.*) recommending that a schedule be made of employments in the mercantile marine and on railways, the filling of which by persons whose vision is defective, or who are ignorant of the names of colors, would involve danger to life and property; that the testing should be compulsory, and intrusted to examiners certificated by the central authority; that Holmgren's test be used for color vision, and that after passing it the candidate be required to name without hesitation the colors that are employed as signals or lights, and also white light; that rejected candidates have a right of appeal; that candidates rejected for naming colors wrongly who are proved to posses normal color vision be allowed to be re-examined after a proper interval of time; that certificates of the qualifications of candidates be given, and schedules of the results of examinations be sent up every year; that persons filling the scheduled employments be examined every third year for form-vision; that the tests, etc., be inspected periodically; that signal colors of ships and railways be as far as possible uniform; and that witnesses in judicial inquiries arising out of these matters be themselves tested for color and form vision.

**Immunity Against Typhoid.**—Bruschettini, in his experiments to obtain cultures affording immunity against typhoid, tried the effect of cultures in rabbit's blood, and found that the liquid portions, when injected under the skin, did not cause death, but a prolonged rise of temperature and progressive wasting (*Ex.*). Injections into the peritoneum caused death in from three to five days, preceded by a rise of temperature and wasting. Injections into the blood of 3 to 5 c. c. of similar cultures also caused death with the same symptoms in rabbits after about four days. He found it possible to obtain immunity to the disease with the aid of these cultures, heated for an hour at 60°C., and also with old gelatine and broth cultures; that to obtain such a result, it is necessary to employ about 20 c.c. of heated blood culture, or 50 c.c. of old broth or gelatine cultures, given subcutaneously; that the serum of such immunized animals has great bactericidal powers in relation to the typhoid bacillus, much greater than that of the normal rabbit; finally, the serum of such immunized rabbits possesses marked antitoxic actions against the typhoid bacillus.

**Tendon Reflexes.**—The following classification of tendon reflexes by Dr. William C. Krauss (Buffalo *Med. and Surg. Jour.*) will be found useful:

| | | | |
|---|---|---|---|
| Exaggeration of Tendon Reflexes. | Organic Disease. | Spinal Cord. | 1. Myelitis.<br>2. Amyotrophic lateral sclerosis.<br>3 Paraplegia spastica.<br>4. Multiple sclerosis.<br>5. Syringomyelia and hydromyelia.<br>6. Hematomyelia and hematorrhacis.<br>7. Spinal tumors.<br>8. Pachymeningitis hemorrhagica interna.<br>9. Pachymeningitis cervicalis hypertrophica<br>10. Brown-Sequard's spinal paralysis.<br>11. Arthritic muscular atrophies. |
| | | Brain. | 1. Hemiplegia { Cerebral apoplexy. Cerebral embolism thrombosis. Acute encephalitis<br>2. Hematoma.<br>3. Hydrocephalus<br>4. Senile dementia. |
| | Functional Disease. | | 1. Hysteria.<br>2. Epilepsy.<br>3. Neurasthenia.<br>4. Paramyoclonus.<br>5. Tetanus.<br>6. Psychoses.<br>7. Infectious processes. |

| | | |
|---|---|---|
| Abolition of Tendon Reflexes. | 1 Neuritis. | Simple.<br>Toxic.<br>Endemic.<br>Infective |
| | 2. Locomotor ataxia.<br>3. Poliomyelitis anterior.<br>4. Spinal muscular atrophies.<br>5. Hereditary ataxia (Friedreich).<br>6. Chorea mollc.<br>7. Caronic ergotism.<br>8 Diabetes mellitus.<br>9. Traumatism. | |
| Abolition and Exaggeration. | 1. Meningitis. | Spinal.<br>Cerebral. |
| | 2. Dementia paralytica.<br>3. Idiocy. | |

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**Excision of the Membrana Tympani,**—Dr. Charles H. Burnett states (*Jour. Am. Med. Ass.*) the following as his conclusions regarding the results of the operation of the excision of membrana tympani and the two largest ossicles, in chronic purulent otitis media:

1. The operation has not failed either to greatly diminish or check the suppuration in all the cases of chronic otorrhea in which the writer has applied it.

2. In attic cases with normal atrium, the sole perforation being in the membrana flaccida, this operation has shown itself to be the only sure means of cure. I would add that in attic cases, with diseased atrium and with perforations, both in the membrana flaccida and membrana tensa, this operation has also affected a radical cure after the disease had defied all other remedies.

3. By this operation in chronic purulent otitis media, especially in cases in which the perforation in the membrana tensa is comparatively small and while the disease is limited to the drum cavity, the suppuration can be directly reached and treated and drainage improved by the removal of the membrana tympani and malleus, before the purulent disease has attacked the posterior portion of the drum-cavity and the antrum Thus mastoid inflammation, and necrosis, sinus-thrombosis, pyemia and cerebral abscess are prevented.

4. If any hearing exists before the operation in purulent cases it invariably improves after the excision of the necrotic membrana and ossicles. Vertigo, headache, tinnitus and the attacks of ear-ache from gatherings, so common in chronic otorrhea, are entirely and permanently removed. The general health which is nearly always impaired in these cases by a form of mild chronic septicemia from the chronic purulency in the ear, is always improved by the antiseptic effects of the operation which removes the septic nidus and makes it possible to render the drum cavity entirely aseptic by the improved drainage and direct medication.

**Results of Gonorrheal Infection in Women.**—Von Rosthorn, in the *Prager Medicin. Wochenschrift*, (*Ex.*) states that the prognosis of gonorrheal infection is favorable as long as the poisonous process does not invade the cervix. When this happens, rapid extension of the inflammation results, an "ascending gonorrhea" causing marked changes in the genital tract and surrounding tissues, with special preference for the endometrium and tubes. The dependent portion of the pelvic peritoneum also becomes involved. There may be latent gonorrhea that is without acute stage, and insidious in its development. Later, this may become an ascending gonorrhea with its adverse consequences. It is possible to cure the infectious disease itself, but uterine catarrh and adhesions remain, starting up morbid processes at each menstrual epoch. In regard to accidents connected with the puerperal state, the author does not consider gonorrhea as important a factor as Saegener does. In the acute stage applications of tannin and iodoform to the vaginal mucous membrane are recommended, and injections of bichloride of mercury, one part to one thousand. Cauterizations of the cervix with fuming nitric acid can also be employed, but intra-uterine medication is to be avoided. In the later stage of infiltrations, adhesions, and cicatrixes that cause pain, massage according to the Thure-Brandt method is of great value, together with the intra-uterine galvano-caustic. Observations based upon one hundred cases lead to the belief that removal of the tubes will always result in almost permanent freedom from pain. These cases have to be watched constantly after the operation, to insure the prophylaxis of ascending gonorrhea.

**Drunk or Dying.**—The uncertainty of diagnosis in head injuries has once more been illustrated by a case that recently occurred at the San Francisco Receiving Hospital (*Occ. Med. Times*). On September 3, 1892, M. C. Shaw, aged 37, a civil engineer by profession, was knocked down by a cable car. He was dazed by the blow, but seemed to recover consciousness in a few minutes. The patrol was summoned, and, though he protested he was not hurt, and wanted to go home, his friends thought best to bring him to the hospital. The assistant surgeon on duty found several abrasions and contusions about the forehead, but no certain signs of serious injury. The patient, however, presented apparent symptoms of intoxication. He had walked into the hospital with a slightly unsteady gait, talked a great deal, declaring that it was nonsense to dress the abrasions on his head, took money from his pockets to pay the surgeon and steward for their trouble, and in many ways acted as an intoxicated person would. From the nature of the accident, however, the surgeon suspected that there might be internal injuries, and accordingly entered the diagnosis on the books as "doubtful." The man was placed in the hospital ward and kept for observation. He appeared to fall asleep at once, but never awoke. Six hours after entering he died. A post-mortem examination showed fracture at the base of the skull, in the occipital bone. The external injuries were all in the fore part of the head, and as the occipital region showed no wound, the fracture was evidently from contre coup.

**Bromide of Strontium** crystallises from water in long, colorless, prismatic needles, containing six molecules of water, and very soluble in water (*Notes on New Remedies*). Dr. Dujardin-Beaumetz found it to be better borne than the alkaline bromides; one drachm may be taken at each of the three daily meals. Dr. C. Paul gave it with signal success in hystero-epilepsy, and Dr. Fere in gastric dilatation; out of thirty-two patients of the latter class several were improved and some quite cured.

Dr. Deny treated seven epileptics with strontium bromide between December 1, 1891, and July 1, 1892, during which period they had in all 246 fits, while in

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the corresponding period of 1890-91 they had been treated with bromide of potassium and had 331 fits. Both the bromides were given in exactly the same doses; bromidism was never observed. One of the patients who was greatly benefitted by the strontium treatment ceased to suffer from attacts of maniacal excitement to which he was previously subject after each fit. The author considers the strontium bromide more effectual than the potassium salt in diminishing the number of fits.

The iodide os strontium has been employed in one or two per cent aqueous solution in the treatment of scrofulous diseases. Trials with the compound against syphilis did not yield very encouraging results. In our experience it has acted in a very satisfactory manner in both scrofulous diseases and in syphilis.

**Treatment of Delirium Tremens.**—Dr. Norman Kerr states (*Quar. Jour. Ineb.*) that the differing results of narcotic and non-narcotic treatment were exemplified in the case of a publican, who, in his second attack, was treated with opium and the bromides, and in his third attack only with liq. am. acet. In the former seizure the patient, aged 48, even after sleep, was so heavy and unrefreshed, and then violent, that it took four men to control him. To save his life he had to be put in a padded room in the workhouse, where he raven till exhaustion procured natural sleep, his only beverage being coffee. In the latter seizure, two years afterward, he was treated at home, the only medicine being liq. am. acet., at first in drachm doses every hour; milk, beef juice, broth, and coffee, were frequently given. In about seventy hours he had a sound sleep for four hours, followed in four hours more by a spell of twenty hours' sleep. The latter attack was compli cated with an epileptic explosion. The recovery was quicker than from the preceding attack. These were both typical examples of the graver form of delirium tremens. By a reliance on so safe a sudorific as liq. am. acet., and suitable nutriment, we best fulfill the conditions of cure, as we thereby give the vis medicatrix a fair field and no favor.

**Rachitis.**—One of the books of this year is Comby's study of rachitis, a disease that has not been revolutionized by the microbian doctrine, (*Med. Rec.*) that is to-day the same entity as it was yesterday, and will, in all probability, remain the same forever. In the author's opinion all cases of genu valgum, unilateral or bilateral, are due to rachitis. Hereditary syphilis as a cause of rachitis Comby rejects utterly, believing only that it may influence digestion unfavorably. The chief factor in the production of rachitis is improper food. This results in dyspepsia and dilatation of the stomach. Even when the constitutional trouble is cured, this dyspepsia often remains. All rachitics in adult life are dyspeptics. Treatment consists of plain or phosphated cod-liver oil, preparations of phosphorus, sea-baths or salt baths, and strict hygiene. Most cases recover.

**Brain Surgery.**—A successful case of brain surgery is reported in the City of Mexico by Dr. Lavista (Memphis *Med. Mo.*). The skull was trepanned directly over an intracerebral abscess. Upon removal of the button of bone, a pachymenigitis, complicated with suppurating cerebritis, was found. The abscess contained a considerable amount of pus, which escaped from a tunnel 11 centimeters in depth. At the bottom of the tunnel was found a small glio-sarcoma, attached by a wide pedicle; this was removed.

Before the operation the patient suffered hemianesthesia, hemiplegia of movement, and paralysis of the right muscle motor oculi. After the operation he immediately recovered his reason, power of speech and all sensibilities, and the pupil returned to its normal state, and there was no impairment of any other function. The wound was dressed antiseptically and a Nebauer drainage tube inserted, which became clogged with brain detritus, and was removed and replaced with a sterilized hard rubber one. The patient fully recovered.

**Hemostatic Value of Shepherd's Purse.**—This has been known for a long time, but was temporarily lost sight of (*Med. and Surg. Rep*). The drug has, however, been resurrected, and much testimony as to its efficiency in uterine bleeding is being adduced. Shepherd's purse loses much of its efficacy in drying, so that only the fresh herb or a fluid extract prepared from the latter should be employed. As a styptic Von Oefele considers this fully equal to hydrastis, with the advantage of cheapness and absence of bitter taste. A single dose of the green fluid extract should not exceed fifteen grams, the maximum total dose for twenty-four hours being thirty grams.

**Diabetes Mellitus.**—Prof. Wilson says that diabetes mellitus is more serious in proportion to the youth of the patient. (*Coll. and Clin. Rec.*) Although usually a disease of middle life, it is by no means entirely so, as even very young children may be subject to it. And the younger the patient the more unfavorable the prognosis. He called the attention of the class to the fact of the importance of the itching of the genitalia as a diagnostic symptom in this disease. Especially is this the case in women, the itching being due to the saccharine urine.

**Habitual Abortion.**—Dr. Turrazo has obtained excellent results in the treament of frequent and habitual abortion by means of assafetida. As soon as pregnancy is diagnosed he prescribes pills of assafetida, containing one and one-half grain each; beginning with two pills a day, and gradually increasing to ten. After maintaining the administration at this amount for some time, the number of pills is very gradually decreased, but the remedy is not wholly discontinued until the normal term is reached.

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## Cincinnati Letter.

Editor MEDICAL REVIEW.—The medical world is well under way for the winter's season. The annual series of lectures at the eight medical, two dental colleges and college of pharmacy are being delivered to large classes, which seems to indicate that the extended length of the course has not decreased the attendance. The Academy of Medicine, the Cincinnati Medical Society, the Walnut Hills Medical Society and the Cincinnati Obstetrical Society have begun their weekly meetings with interesting programs presented at each session. The signs of the times indicate an unusually enjoyable winter season for the members of the medical profession.

The greatest society event of the year was the marriage of Dr. C. R. Holmes to Miss Bettie Fleischmann, only daughter of ex-Senator Charles Fleischmann, a well-known millionaire of this city. The grand affair was celebrated in the Scottish Rite Cathedral, last Wednesday evening, and the wedding in all of its details and appointments was the most elaborate marriage festival that has set society wild in this city for years. The happy doctor and his beautiful bride are off for Europe on a wedding tour.

The Cincinnati Hospital is being discussed pro and con. The Board of Review, who control the finances of this, one of the greatest institutions of the city, have cut down the appropriation for the expenses for the coming year, and six of the wards have been closed. The reason given by the Board is, that the Hospital management spent a few thousand dollars for repairs, the largest item of which was for the library building.

The Physicians' Mutual Protective Association is the name of a projected organization now in course of formation. The object of the association is to protect its members against people who do not pay their bills for medical services. The moving spirits of the new association are among the most prominent and influential physicians of the city. If the organization is perfected, and there is every reason to believe it will be, the dead-beat and non-paying element of the city will be compelled to impose on the district physicians of the city, or pay as they go, and in advance, too.

The important question: Shall the next Coroner of Cincinnati and Hamilton County be a member of the medical profession, or not? which will be settled at the coming election is being discussed pro and con by the laity as well as the members of the profession. It has been the custom in the past to place a doctor in nomination by all parties for the office of Coroner. This year one of the political parties has departed from the time-honored custom of complimenting the medical profession by nominating one of their number for this office, and nominated a Justice of the Peace. The opinion of the laity as strongly expressed, favors the nominee who is a medical man, well known and prominent, for the office of Coroner, and the doctors of this city and county can, with personal effort, elect their brother, and thereby settle the question of future nominations, if they will. But, will they?

The following new professors have been appointed to the faculty of the Cincinnati College of Medicine and Surgery: Dr. A. Ravogli, chair of Pathology; Dr. E.B. Mitchell, chair of Materia Medica; Dr. S. P. Kramer, chair of Pathology; Dr. J. W. Prendergast, chair of Embryology.

The Presbyterian Hospital Womans' College number among its matriculates two young ladies from far away Japan. They are Niss Hannah Sudo and Miss Hannah Abe, both residents of Tokio. After completing their medical course they will return to Japan and become medical missionaries.

Health Officer, Dr. J. W. Prendergast, after a conference with Drs. Stanton, Fitzpatrick and French, representing the Academy of Medicine, and Drs. Thompson, Miles and Stevens, representing the Cincinnati Medical Society, has prepared a bill providing for a Medical Practice Law, which will be introduced at the approaching session of the State Legislature. After the horrible death of the bill introduced last winter there seems but little hope of any chances of grafting any constitutional vitality into the bill that Dr. Prendergast will father.

At the last meeting of the Academy of Medicine, Dr. P. S. Conner read an able paper on Gunshot Wounds. At the Cincinnati Medical Society Dr. A. D. Stapleford presented an interesting history of a case of Closure of the Jaws due to the Eruption of a Wisdom Tooth. Dr. R. B. Hall read a paper giving the history of An Unusual Accident Following Ovariotomy.

The Cincinnati Medical Society at its meeting Monday night elected the following officers for the ensuing year: President, Dr. E. S. Stevens; Vice-President, Dr. Arch I. Carson; Secretary, Dr. L. S. Colter; Corresponding Secretary, Dr. J. C. Marcus; Treasurer, Dr. J. C. Oliver.

Dr. J. T. Whittaker met with a peculiar accident last Wednesday. As he was driving along the street a trolley wire of the electric line of the street cars broke and the end of the live wire struck the doctor knocking him out of his buggy and rendering him unconscious for some minutes. He recovered from the severe effects of the electric shock in an hour. The doctor will make a test case as to the liability of the Electric Car Company by a suit for damages.

MEDICUS.

## Treatment of Snake-Bite.

Editor MEDICAL REVIEW.—Seeing in your journal the treatment of a few cases of snake-bite, I would like

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to add my treatment, if you will be so urbane as to give it space.

A boy aged 8 years was bitten twice Sept. 2, by a rattle snake just below the malleolus. I saw him half an hour later. Before I arrived he had been given about four ounces of whisky, and a bandage applied immediately above the knee. I applied rubber bandages instead of the cloth ones, and excised the fang wounds deep and thoroughly, encouraged hemorrhage by rubbing the leg downward, cauterized with acid carbolic efficiently, irrigated the wounds with bichloride sol. 1-2000, continued to encourage hemorrhage and irrigated for half an hour. I then injected, hypodermatically, bichloride sol. 1-2000 in the tissues around the wounds and applied strong solution of carb. ammo., frequently changed, for twenty-four hours, or until the bloody serum ceased flowing from the wounds, then applied the bichloride dressing and repeated the hypodermic once only eight hours after the first given. Gave internally carb. ammonia and tr. iodine every 3 hours, teaspoonful doses of brandy every 2 or 3 hours, loosened bandage gradually, and removed it in about 6hours.

Sept. 3. Some vomiting; temperature, 104.5°; leg swollen and painful; continued same treatment, with frequent renewal of bichloride dressing, and ordered warm fomentations with hops to leg as ectratic treatment for phlegmonous inflammation.

Sept. 4. Temperature normal, swelling subsiding and patient resting easy.

Sept. 7. Patient could walk.

Sept. 20. Wound completely united without any sloughing. This treatment certainly evicted the poison, de facto. Other cases here have never done so well, one victim having died. Experto crede.

Douglas, Kas. C. B. TAYLOR, M.D.

## The Action of Chloroform.

Editor MEDICAL REVIEW—Dear Sir: Having been asked to undertake a research at the expense of the Government of his Highness, the Nyzam, of Hyderabad, India, with the object of reconciling, if possible, the conflicting views concerning the action of chloroform, I am anxious to receive from American physicians and surgeons records of any cases in which it was noticed that the heart stopped beating *before* respiration, or respiration stopped *before* the heart.

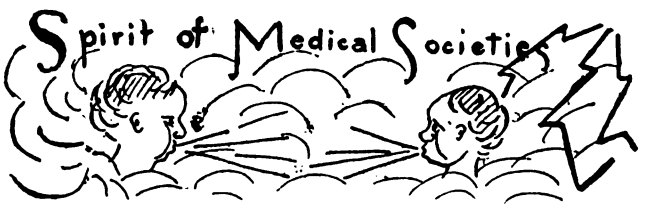
Notes concerning any such cases will be considered strictly confidential, provided the reporter states his desire that his name shall not be mentioned in the report of the research when it is finished. Otherwise due credit will be given for any information that is received.

Very truly yours,

H. A. HARE,

Jefferson Medical College, Philadelphia, Pa.

NOW is the time to subscribe for the MEDICAL REVIEW.




**New Axis-Traction-Obstetrical Forceps**—An instrument was presented and papers read before the Missouri Valley Medical Society, by Dr. W. B. Dewees (St. Joseph *Med. Herald*). He said the principal of axis traction was conceded by all observing practitioners as correct. Authorities would hold, at no distant day, that no woman should be delivered instrumentally, except by axis traction. Being convinced that the idea had not yet been fully practically realized, he had this instrument made. The only important new feature was in the construction of the perineal curve, providing for this in the handles which served for axis-traction. He said it was a simple, efficient, aseptic and economic instrument, leaving the blades and shanks with the usual outline to the perineum, he there bent the handles at a somewhat acute angle backward, then again at an obtuse angle to form the handgrasp in line with the blades. The indicator was thus constant in the hands of the operator, who at every moment knew through his conscience musculaire the direction of traction as well as the resistance.

**Horny Epithelial Tumor.**—Dr. Arthur Benson showed to the Royal Academy of Medicine in Ireland (*Dublin Jour. Med. Sc.*) a tumor which he had removed from the outer side of the left brow of a woman, aged about thirty, in St. Mark's Ophthalmic Hospital. It was not adherent either to the skin or the bone, and was removed under the impression that it was an ordinary dermoid tumour. It had been present all her life, and except for the disfigurement, was no trouble to her, though she thought it was growing a little larger. The tumor was oval, and about three-quarters of an inch long and half an inch wide.

Dr. Graves showed microscopic sections of the horny epithelial tumor. The tumor was completely invested by a strong fibrous capsule which sent in many trabeculæ, dividing off the masses of epithelial cells of which the tumor was composed. The great bulk of these epithelial cells was horny. In one place these horny cells were seen to be directly connected with a mass of Malpighian cells. This tumor was precisely similar, in macroscopic and microscopic appearance, to a tumor removed from the neck by Mr. Wheeler, and exhibited last year at the Pathological Section of the Royal Academy of Medicine (Transactions, Vol. IX., page 428)

**Abscess Due to Appendicitis.**—Dr. J. M. Baldy reported a case of chronic abscess due to appendicitis to the Obstetrical Society of Philadelphia (*Med. and Surg. Rep.*). The patient had been sent to him for an opinion in regard to a rapidly growing tumor that had first been noticed two years previously as a

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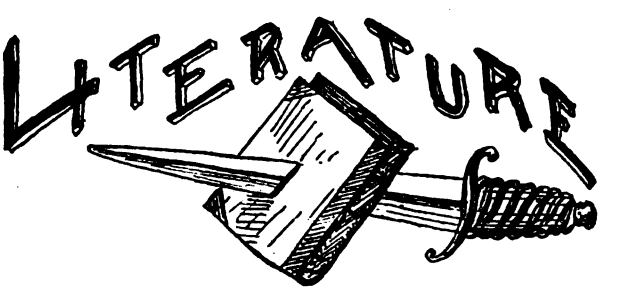
small protrusion from the external inguinal ring on the right side. A truss had been applied under the impression that it was a hernia. When seen by Dr. Baldy the growth was the size of a fetal head and had much the appearance of a sarcoma. At the section, a quart or more of pus escaped and the abscess cavity was found situated between the skin and muscles, with an opening at its lower end which communicated with the head of the cecum, dipping down behind the muscles at their attachment to the iliac bone. The cavity was carefully irrigated and two drainage tubes were placed —one extending behind the muscles into the abdominal cavity, the other in that portion of the cyst between the muscles and the skin. Recovery was slow but good. On careful inquiry after recovery, the following history was elicited. She had had some three or four years previously an attack of inflammation in the region of the tumor, which lasted for several weeks and gradually left her. She had thought nothing more of it and had not connected the so called hernia with it. The original attack was undoubtedly an appendicitis and the pus cavity had existed in a quiescent state for years.

**Common Sense in the Treatment of Discharges from the Ear.**—Dr. Alexander Duane, presented to the Medical Society of Virginia, (N. Y. *Med. Jour.*) a paper with this title. After showing the importance of the subject to the general practitioner, who was prone to slight it, he stated that the therapeutic principles which should be enforced here were the same that governed the treatment of suppuration anywhere else, which were comprised in cleanliness, drainage, and the removal of the badly diseased tissues. Common-salt solutions he considered the best for the thorough cleansing of the diseased part. All details should receive careful attention, especially when committed to the patient himself, as they usually were. Politzerization to force out the residual discharge might be used as an adjuvant to syringing. If this treatment did not cure, astringent powders (boric acid, alone or combined with zinc oxide) should be used, but only after thorough cleansing by preliminary irrigation. Granulations and polypi must be carefully removed (of course with a good light and the patient under full control). Alcohol, with or without the addition of corrosive sublimate, could be used to check the recurrence of the granulations. Iodoform was useful in cases of caries. Unless there was extensive caries, or the drainage was prevented either by the situation of the disease (as in the attic) or by inflammatory hypertrophy, these measures would usually be successful. If they failed, the diseased parts (drumhead and ossicles) should be removed at once, and by a specialist if possible, as the operation required great delicacy of manipulation. Dr. Duane believed that by following this treatment nearly all cases of chronic suppuration could be cured and the danger of cerebral involvement averted, also that the necessity of doing a mastoid operation could be done away with altogether.




**A Manual of Medical Jurisprudence and Toxicology.** By HENRY C. CHAPMAN, M.D. 12mo., pp. 237. With Thirty-Six Illustrations, Some of which are in Colors. [Philadelphia: W. B. Saunders. 1892.

The present manual is a good condensation of the subject by a man who has had practical experience of the requirements of a work of this character. Having served as coroner's physician for a term of years and then teaching medical jurisprudence were circumstances which were calculated to fit him for the preparation of a work such as the one before us. In this manual we are presented with a condensed abstract of all those point connected with the medical jurisprudence and toxicology which will come within the purview of a practicing physician.

Although rather elaborate in some particulars it is, in general, so plain and clear that any one can readily understand its contents and it would be well for physicians in general to persue this work for we have had occasion to note in more instances than one that they do not pay sufficient attention to the subjects dealt with in the book before us.

We have read the work with much interest and can say that it is written in a manner which invites a second reading of its pages. The illustrations are all *apropos* and good. They have been selected with great care and discrimination. Those who desire to know medical jurisprudence from its purely medical standpoint will find this work of the greatest help, and will further learn facts without having to wade through pages of prosy judicial decisions, such as are frequently given in the larger works on the subject.

**Surgical Handicraft.** A Manual of Surgical Manipulations, Minor Surgery, and other Matters Connected with the Work of House Surgeons and Surgical Dressing. By WALTER PYE, F.R.C.S. First American Edition from the Third London Edition. Revised and Edited by T. H. R. CROWLE, F.R.C.S. Small 8vo., pp. 594. With 300 Illustrations on Wood. [New York: E. B. Treat. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, leather, $4.00 net; cloth, $3.50 net.

To use a stereotyped phrase this is a practical book by a practical man. It has enjoyed unprecedented success in England and it bids fair to do the same in this

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country. Mr. Pye's death, not long since, will add interest to a work in which he has crystalized those things in surgery which are of the greatest value so far as the technique of minor details is concerned. Students, dressers, and assistants to surgeons have always been in need of such a manual and we are pleased to note that an American edition has been issued as the want of such a work was keenly felt on this side of the Atlantic.

The book is written in a clear style and this edition has been pruned to a great extent, thus placing it within the reach of all. It is fully abreast of the times; and although the author had done his work in a thorough manner, the additions of the editor, who is a surgeon of experience, have only served to enhance the value of a work which had already established its reputation.

The whole range of surgery is fully covered and it is just the book for the general practitioner to consult in an emergency. No obscurity can be detected, the style being clear cut and the directions positive. This would naturally be expected from a man of the author's experience and reputation. Yet, he is never dogmatic in his assertions, preferring to lead his pupil in the light of reason and sound advice.

The work is not one of those perfunctory manuals for students which we meet with so frequently. It is rather a reliable guide which the most experienced surgeon may read with pleasure and the novice with profit. Special chapters on subjects not usually found in works on minor surgery are to be found and these are certainly not the least valuable portions of the work.

The publisher has made the book a very neat one. Printed upon good paper, with very readable type, is is a marvel of cheapness when we stop to consider the mechanical elegance which is presented. The illustrations are numerous and good as well as thoroughly explanatory of the text, thus forming a most valuable adjunct to a clearer understanding of the subjects dealt with.

Our advice to all those who desire to become more intimately acquainted with surgery would be—buy Pye's Surgical Handicraft.

**Continued Administration of Digitalis.**—In a recent paper on this subject (Va. *Med. Mo.*) Dr. F. M. Brooks says: I do not think that digitalis is a specially dangerous medicine, and am of the opinion that it may be safely pushed continuously till the pulse rate drops to 45 in the minute. I think digitalis one of the best slow heart tonics, and am much in the habit of giving it in such conditions as typhoid fever, phthisis, the later stages of pneumonia, etc., in conjunction with alcohol in some form. My experience has led me to believe that, as a rule, physicians fail to comprehend that digitalis must be given steadily and in increasing doses, till the object desired is gained or the drug found unsuited to the case. I think it, with one other drug—quinine—the only absolutely safe antipyretic for use in the acute fevers of children.

**Dr. Arpad G. Gerster** has resigned his position as professor of surgery in the New York Polyclinic.

**The Outbreak of Small-Pox** in the Toronto General Hospital has attacked the house-staff doctors.

**A Case of Indigenous Leprosy** in an old woman is reported to be at present in a Philadelphia hospital.

**The Yale Medical School** is to have a new building to accommodate the chemical and physiological departments.

**The Chicago Medical Recorder** will from this forward be published by the Medical Recorder Publishing Company.

**Dr. Henry Pevall,** a prominent physician of Mount Morris, Livingston County, N. Y., died October 24, aged sixty-five years.

**Dr. J. Culver Davis,** Professor of Surgery in the Medical Department of the University of Denver, Col., died at Zurich, Switzerland, October 8, 1892.

**Sir William Gull** was asked by a lady if he did not consider experiments on animals as cruel. "Madam," he said, "there is no cruelty comparable to ignorance."

**Professor Kobert** has discovered that peroxide of hydrogen is an antidote for hydrocyanicacid poisoning. It should be given freely by the mouth and subcutaneously until recovery or death.

**Old Clothes.**—A man and woman, who some weeks ago smuggled into Wandsbeck and there sold clothes from a cholera house in Hamburg, thereby causing the death of three persons, have been sentenced to two years' imprisonment.

**The Seventeenth Semi-Annual Meeting** of "Grand River Medical Society" will be held at Brookfield, Mo., the first Tuesday and Friday in December, next. This Society, which is one of the oldest in the State, continues to grow in size and interest.

**Rough on Medical Students.**—The following appeared not long since in a Toronto newspaper:

GOOD FURNISHED ROOMS FOR GENTLEMEN—every convenience; no students need apply. ——— Church St.

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**The Right** of conferring the degree of Doctor which was recently taken away from the University of Havana by the Spanish Government, has now been restored to it in deference to the strong protests of the teaching body and the students, notably those belonging to the Medical Faculty.

**Another New Journal** is *The Scalpel*, "a Monthly Magazine for Medical Students," and edited by Mr. C. W. Kirkpatrick, of the Calcutta Medical College. Our young cotemporary is small in size but great in spirit, and the influence of the *genius loci* is plainly perceptible in the Oriental exuberance of the style. We hope its days may be long in the land.

**Foreign Body in the Brain.**—A man recently died in the hospital at Newark, N. S., who had had a knife-blade protruding into the substance of his brain since boyhood. His death was produced by entirely other causes, and at the autopsy it was found that the blade extended nearly an inch beyond the dura mater, while its broken extremity was on a level with the external surface of the cranium.

**The Pan-American Medical Congress** has just issued its Preliminary Announcement which forms a handsome brochure of sixty-four pages containing full information regarding this coming important medical event. A full list of all the committees and officers of sections is given together with all such information connected with that body which any inquirer might wish to know. We would urge all of our readers who can comply with the conditions and requirements to register immediately as members and send the fee ($10) to Dr. A. M. Owens, Evansville, Ind., the Treasurer. The transactions alone will be worth many times that sum.

**The True Physician.**—Dr. T. Frazer Thomas, of Gainesville, Florida, is the author of the following sentiment touching the relations of the medical man to the lowlier members of his constituency (*Jour. Am. Med. Ass'n*): "The true physician will respect the feelings of the poor, both by the language and tone of voice in which he addresses them. He will remember that disease is his only passport to any house. He will act as a gentlemen to all, to the low, to the vile even, as well as the gentle and the rich. His duty is to heal, not to punish." Boerhaave said that "the poor were the best patients, for God is their paymaster." Because the physician receives no tangible recompense he must not forget his obligation to his first patient nor his own self-respect.

In his intercourse with the world he must not be swayed by prejudice nor nationality. Friendship and good-will for all his patients are his polar stars, ever keeping in remembrance the priceless precept: "There is but one country—one earth; but one nation—the human race."

**A Hard State to Practice in.**—The Alabama State Medical Examining Board rejects 41.16 per cent of candidates who apply for license. Either the standard is high or the applicants are low.

**The Practitioners' Club,** of Chicago, held its first banquet and monthly meeting at the Great Northern Hotel, September 26, with Dr. O. J. Price in the chair. The topic for discussion was "Women in Medicine."

**At the Annual Election** of the Cincinnati Medical Society the following officers were elected: President, Dr. E. S. Stevens; Vice-President, Dr. Arch. I. Carson; Secretary, Dr. L. S. Colter; Corresponding Secretary, Dr. J. C. Marcus; Treasurer, Dr. J. C. Oliver.

**Synthetic Chemistry** seems to have no limits. The latest product which has been successfully made from coal-tar products is camphor. It promises to be cheap and the specimens submitted respond to the most crucial tests.

**Dr. King's Hard Case.**—A "valued correspondent" of the *Madras Mail* writes in connection with the case of Dr. W. G. King: "In the history of Vaccination, the Madras Medical Service will always have the honor of having numbered in its ranks a man who made some of the most important contributions to the advancement of that science; and to the Madras Government will attach the fame of having tried to ruin him in return." This is just what our opinion is of Dr. King's case.

**Medical Research in India.**—An Indian medical officer publishes the following extract from a letter which he has received from a doctor of world-wide reputation as a specialist in tropical diseases (Calcutta *Med. Rec.*): I quite appreciate the difficulties the Indian Medical Service has to contend against in the matter of scientific research. These endless statistics, which are of very little use as far as I can see, should be relegated to clerks and the Government ought to demand evidence of honest endeavor on knowledge of disease. As a consequence of the bad system in our public services, England is lagging far behind in the matter of tropical disease where she should lead. The French beat us all to sticks, and the Germans will soon do the same. The men are not to blame for this but the system is. Have you seen any of the recent French books on tropical disease, Kiener and Kelch, Corre, Roux, Laveran, Bertrand and Fontan, and a lot of others? If you have not, you will weep on reading them and say with me—"my country oh! my country. Why don't some of you men hammer at the Government in this matter, * * * and relieve good men of a mass of statistical and clerical work which might very well be left to coolies."

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**Dr. James Henry Steuart,** of Baltimore, died October 8, in the fifty-eighth year of his age. He was a native of that city, son of the late Gen. Geo. H. Steuart. He was a graduate of Princeton College in 1855, and of the medical department of Maryland University two years later.

**The Columbus Building,** corner of State and Washington Streets, Chicago, is expected to be completed by May, next, and will be occupied in large part by dentists and physicians, for whom a reading room and library is to be liberally furnished by the management. They promise that only reputable men shall be given leases.

**A Munificent Donation.**—Babu Jaigobind Law, brother of Maharaja Doorga Charan Law, has been pleased to offer the munificent donation of fifteen thousand rupees, for the purpose of providing a building proposed to be started in the Calcutta Zoological Gardens, for establishing a laboratory for investigating the action of snake poison and the efficacy of alleged remedies. The building is to be fitted with the requisite appliances on a suitable scale in connection with the new reptile house, and named after Sir John Ware Edgar, K.C.I.E, C.S I.

**A Snarl.**—In view of the well-known hospitality of St. Louis as well as the generosity it exhibits in the entertainment of guests the following snarl from the *Journal of the Arkansas State Medical Society* is certainly out of place:

ST. LOUIS AS A MEETING PLACE FOR MEDICAL SOCIETIES.—Medical associations should avoid meeting in the "Queen City of the West" until the members of her medical profession so far settle their professional differences as to be able to avoid open rows during the sitting of medical bodies in that city. The "disturbing element" should be unanimously eliminated, notwithstanding his transcendent abilities, and until he is, St. Louis is a very good place for medical societies to ignore in arrangements for their stated sessions.

**Who Owns the Prescription?** has been answered by a Cincinnati court as follows (*Meyer Bro.'s Druggist*):

"A druggist is under no obligations to furnish a copy nor to permit any one to make a copy of prescriptions. When he has compounded a drug and delivered it to the proper party, the paper upon which the prescription is written becomes his. Druggists keep prescriptions for their own protection. If, as the plaintiff testified, defendant had agreed to furnish plaintiff with a copy whenever he called for it, that agreement was gratuitous and without consideration and therefore void."

This is in accord with other decisions which we have published.

How would it do for druggists to print this decision on the back of their prescription blanks?

**The Comma Bacillus** appears to be approaching toward a full stop, according to one of our punctual exchanges.

**Did Keeley Cause This?**—A San Francisco dispatch, dated October 26, is as follows: Frederick A. Brown committed suicide last night by shooting himself through the head. A queer circumstance connected with the case is that Brown two days before went to an undertaker and made arrangements for his funeral. The undertaker notified the police, who shadowed Brown, but he made no attempt on his life until he retired to his room last night. Five weeks ago he was sent by friends to the Keeley Institute at Los Gatos, but came away before a cure was completed and commenced a debauch which lasted until his death.

**A Bill to Prevent Witchcraft.**—The *Medical Record* says: We have received a copy of a bill "to prohibit electro-magnetizing, mesmerizing, or hypnotizing human beings, or affecting one person through another, by electricity, and to declare the same to be a crime against the law of nations, and to define its punishment."

The bill contains the following enacting clause:

"Be it enacted by the Senate and House of Representatives of the United States in Congress assembled,

"SECTION I. Any person who, upon the high seas or in any arm of the sea, or in any river, haven, creek, basin, or bay, within the admiralty and maritime jurisdiction of the United States, who shall apply a current of electricity upon one person for the purpose of affecting another, or which does affect another, shall be guilty of a crime"—for which the punishment prescribed is death.

The bill, which might be called "An Act to hang witches," is accompanied with an elaborate explanatory document that aims to demonstrate the present existence of witchcraft or hypnotizing "one person through another," and the dangers thereof.

"Demonology," we are told "(under the name of hypnotism), in all of its forms is being practiced, including the ingenerating, incubating, and inhumating from distances (on a large scale, going into the millions), as well as other practices of the demons INCUBI."

"The 'Augsburg Confessions,'" the author of the bill says, "are situated in every country in the world where magical arts prevail, they are aided by an army of magnetizers numbering nearly a million, besides their assistants, the mind-readers, and mediums, too, together with most of the magnetizers, present that condition of *dedoublement de la personalite*, which enables them to penetrate the minds of others."

Particular emphasis seems to be put upon an alleged occult paper on esthesiometry, published in the *Medical Record* and written by Grace Peckham, M.D. The author of this alarmist bill will probably not succeed in getting this law passed, but he is going to contribute much to the gayety of nations if he keeps on.

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**Some Disadvantages of the Metric System.**—Although the metric system in prescription-writing offers certain advantages over the system in use at present, there are certain disadvantages occasionally made evident by mistakes in copying prescriptions (Boston *Med. and Surg. Jour.*). We have recently noticed a prescription which has been in a large number of medical journals of the world in which the principal ingredient, by two different positions of the decimal point, has been made to vary in amount from .05 0 5 to 5., thus making the largest dose one hundred times that of the smallest. That this was either a clerical or typographical error was shown by the identity of the rest of the prescription. Again, in a recent excellent article upon the treatment of cholera in a contemporary, by a similar error the strength of the salt solution for the intravenous injection, as recommended by Cantani, was ten times too great.

The French avoid such errors by adding abbreviations indicating the quantities.

**Poisoning in India.**—Since the abolition of Thuggee in India by the British Government the principal native means of homicide is by poisoning (Boston *Med. and Surg. Jour.*). The Thugs were a remarkable brotherhood of murderers and robbers which existed from the time of the first Mahomedan dynasties up to about 1860. They were of all castes of Hindus as well as Mahomedans, united in the worship of the Goddess Kali, a very sanguinary deity. Their mode of killing was by strangulation. They traveled in bands diguised as merchants or pilgrims and had a very complete organization. In nine years, more than two thousand of them were arrested and either hanged or transported. Scarcely any part of the peninsula was free from them. Since their suppression, poisoning has become more frequent, and this is now only slowly diminishing. It is still pursued systematically as a trade, both for the purposes of robbery and also to get rid of objectionable people. It is not by any means confined to professional murderers, but is a very common crime among the population at large. The police authorities are fighting it with vigilance and perseverance, and the good result of their work has already become evident. Among the poisons a common one is the datura, of which the seeds are commonly used, often powdered to mix with food, or a distilled essence. It is often used for drugging with no intention of destroying life. The two poisons most commonly used are opium and arsenic, the former being the favorite for infanticide and suicide. The statistics for ten years in Bombay give cases of poisoning by arsenic 507, opium 151, datura 74, copper 50, pounded glass 31, out of a total of 947 cases. During the same period the number of cattle poisoned was 743, the great majority by arsenious oxide. The number of cases a year in India of intentional poisoning is very large, but poisoning by snake-bite, mostly accidental, is much larger, the lowest estimate from the latter being over over 20,000 a year.

**A Case** is reported from Russia in which a child of three months presented marked symptoms of carbolic acid poisoning, after spending a few hours in a room which had just previously been disinfected with a two per cent carbolic acid spray.

**The Missouri Valley Medical Association** at its late meeting elected the following officers for 1893:

President—Dr. J. M. Knott, of Sioux City, Iowa.

First Vice President—Dr. H. B. Lowry, of Lincoln, Neb.

Second Vice President—Dr. W. O. Bridges, of Omaha, Neb.

Secretary—Dr. F. S. Thomas, of Council Bluffs, Iowa.

Treasurer—Dr. T. B. Lacy, of Council Bluffs, Iowa.

The next meeting will be held in St. Joseph, Mo., in March, 1893, with Dr. J. M. Richmond as Chairman of the Committee of Arrangements.

**Fees for Attendance in Street Accidents.**—Some time ago the municipal authorities of Glasgow, Scotland, determined to allow a small fee for services rendered to the subjects of street accidents, especially in cases in which a practitioner had been called by the police. But lately some accounts have been presented not relating to street accidents, and as the four or five accounts rendered per month were felt to be a burden by this wealthy corporation, it has been determined to repudiate such accounts unless the doctors claiming certify that they have made every reasonable endeavor to recover the accounts from the patients or their friends and have failed. As Glasgow has quite the average number of accidents occurring in a large city, it is evident that as only "four or five" accounts have been sent in monthly, the medical men of the city have been doing practically their usual amount of gratuitous and often thankless work.

**The Medical Profession in Italy.**—According to official statistics recently published in the *Bollettino della Direzione della Sanita Publica*, the number of medical practitioners in each of the principal cities of Italy is as follows: Turin with a population of 613,995 has 431 doctors, Genoa with 425,854 inhabitants has 240, Milan with 275,164 has 391, Venice with 149,686 has 124, Bologna with 354,584 has 215, Florence with 539,855 has 281, Rome with 507,504 has 506, Palermo with 486,448 has 316, Messina with 238,294 has 117, while Naples with a population of 678,891 rejoices in the enormous number of 1,323. It is not easy to account for this extraordinary glut of medical talent in Naples, unless it be that a proportionately strong force of scientific experts is required in that beautiful but unsavory city to hold the fort against the powers of sanitary darkness that seek to compass its destruction. Evil minded persons might say that the presence of so large an army of doctors gives new point to the old saying, *Vedi Napoli e poi muoja!*—See Naples and die!

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**Rokitansky,** of Vienna, has been called to Graz to assume the duties of the chair of obstetrics.

**New Local Anesthetic.**—It is reported in the Institute of Medicine in Mexico that an alkaloid producing local anesthesia has been discovered in the plant commonly known as "blood weeper."

**Progress of Cholera in India.**—According to the latest intelligence in the Indian papers it would appear that cholera is not only prevalent in the Bittan country, north of Gomal Pass, but has also broken out in the Wano Post in Waziristan, lately occupied by the Afghan troops. Cholera is also stated to be rapidly spreading in Peshawar, both in the city and canton ments. The Royal Welsh Fusiliers are under canvas, and there are cases also in the Royal Artillery, and Royal Scots Fusiliers. In cantonments the epidemic appears to be confining itself to Europeans only. Brigade-Surgeon Colonel Thomson has arrived from Patiala and taken over the administratrative medical charge from Brigade-Surgeon Lieutenant-Colonel Brown.

**Statues of Eminent Doctors.**—We cannot recall to mind where in England there is to be found a statue to any of the good and great men in our profession who have an undoubted claim on humanity, unless it be the single exception of Harvey's in Folkstone. Not so throughout France. Paris alone has statues to Broca and others, and will shortly have one to Ricord, for which the President of the Republic has approved the sanction of the Prefect of the Seine authorizing the erection of the statue in one of the public places of Paris. There also was inaugurated at Morlaas the bust of Depaul, formerly the well known professor of obstetrics at the University of Paris. In America they are still struggling with the Rush monument fund.

**The Medical Press in Cuba.**—The editor of the *Progresso Medico* of Havana suggests that the directors of all the medical journals in Cuba (nine in number) form themselves into a committee which should be charged with "the sacred duty of representing and defending the normal and material interests of the medical profession in general." Nothing, he goes on to say, that directly or indirectly concerns the profession should be considered as outside the "sphere of influence" of the committee, which should, as occasion for active interference arises, take such steps as it may judge necessary to ensure the fulfilment of its objects. The committee, *si qua fata aspera rumpat* and it succeeds in emerging into the sphere of the "conditioned," will start in life with a programme hardly less comprehensive than Don Quixote's. The experiment, if it ever comes to be actually tried, will doubtless be watched with interest. There is scarcely anything in the nature of practical reform or redress of grievances that a united press, medical or lay, could not achieve—if it could only be got to unite.

**Badly Scared.**—The Town Board of Franklin, Tenn., recently passed an ordinance forbidding the sale of watermelons in that place, and the local journal commends it for its wise precaution (*Med. Rec.*). It says, somewhat inconsequentially, that "the recent cholera epidemic in New York makes it incumbent on all cities and towns to exercise the utmost precautions to prevent the introduction of the germs into their borders." The town authorities had probably heard that the disease was spread through the water-supply, and they weren't going to take any risks.

**Simple Water Test.**—Into a ground glass stoppered, perfectly clean bottle put five ounces of the water to be tested. To the water add ten grains of pure, granulated, white sugar. Cork tight, and set in a window exposed freely to light but not to the direct rays of the sun. Do not disturb the bottle, and keep the temperature as near 70°F. as possible. If the water contains organic matter, within forty eight hours, an abundance of whitish specks will be seen floating about, and the more organic matter the more specks. In a week or ten days, if the water is very bad, the odor of rancid butter will be noticed on removing the stopper. The little specks will settle to the bottom, where they appear as white flocculent masses. Such water should not be used for potable purposes.

**The Success of Quarantine in New York.**—Representatives of fifteen lines, forming the Transatlantic Steamship Assaciation, met at 19 Broadway, and adopted these resolutions:

WHEREAS, Dr. William T. Jenkins, Health Officer of the port of New York, and his staff have, in our opinion, by their energy and devotion to duty averted an epidemic of Asiatic cholera that threatened not alone this port and City of New York, but also the entire country; and

WHEREAS, We consider the work of quarantine was and is conducted with a view to the least possible interference with business interests and travel, so as not to inconsistently obstruct or injure commerce; and

WHEREAS, We consider the different shipping interests of this port have been treated with impartial fairness; and

WHEREAS, The Hon. Chas. Foster, Secretary of the Treasury, and the officers of the National Gavernment acting under his direction, aided in this noble work; be it therefore

*Resolved*, That the hearty commendation of this Association be, and is hereby, given to Dr. William T. Jenkins and his staff, and to the Hon. Chas. Foster, Secretary of the Treasury.

From July 31 until October 21, 1,120 vessels passed through Quarantine, carrying 96,344 persons, who were all examined by the Health Officer and his corps of assistants. Of this great number of persons, 20,187 were first cabin passengers, 16,145 second class, 19,270 steerage passengers, and 40,742 officers and crews.

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**Chinese as Sleepers.**—In the item of sleep the Chinese establishes the same difference between himself and the Occidental. Generally speaking, he is able to sleep anywhere. None of the trifling disturbances which drive us to despair annoy him. With a brick for a pillow, he can lie down on his bed of stalks, or mud bricks, or rattan, and sleep the sleep of the just, with no reference to the rest of creation. He does not want his room to be darkened, nor does he require others to keep still. The "infant crying in the night" may continue to cry for all he cares, for it does not disturb him. In some regions the entire population seem to fall asleep, as by a common instinct, like that of the hibernating bear, during the first two hours of summer afternoons, and they do this with regularity, no matter where they may be. At two hours after noon the universe at such seasons is as still as at two hours after midnight. In the case of most working people, at least, and also that of many others, position in sleep is of no sort of consequence. It would be easy to raise in China an army of a million men—nay, of ten millions—tested by competitive examination as to their capacity to go to sleep across three wheelbarrows, with head downward, like a spider, their mouths wide open and a fly inside.

**Medical Students and Doctors in Fiction.**—It is somewhat remarkable that while Dickens' well-known characters, Benjamin Allen and Bob Sawyer, still continue to reappear every recurring October, how very little account is taken of another character drawn by the same master hand—that of Allen Woodcourt, the noble self-denying young doctor in "Bleak House." The concluding words of the story, in which the doctor's wife describes their happy life and the esteem in which her husband is held by rich and poor alike, are among Dickens' finest writings, and yet how seldom are they heard or quoted. The student career of Allan Woodcourt must presumably have been very different from that of Benjamin Allen or Bob Sawyer, nevertheless the public cling to these two with a tenacity worthy of better subjects. Similarly, in the two characters of Mr. Samuel Huxter and Dr. Firmin the immortal Thackeray has portrayed two very undesirable specimens of members of the profession. But his Dr. Goodenough is a noble character, of which any profession may be proud. The original is said to be the late Dr. John Elliotson, to whom its author dedicates his famous work, "Pendennis," in the following terms: "Thirteen months ago, when it seemed likely that this story had come to a close, a kind friend brought you to my bedside, whence in all probability I never should have risen but for your constant watchfulness and skill. I like to recall your great goodness and kindness at that time, when kindness and friendship were most needed and welcome, and as you would take no other fee but thanks, let me record them here in behalf of me and mine and subscribe myself—Yours most sincerely and gratefully, W. M. Thackery.

**Dr. J. N. Hathaway,** of St. Joseph, Mo., has won his fight against the state board of health, the supreme court having decided that the act creating the board was unconstitutional. If this is true, what a paradise Missouri will be for quacks.

**Careless Prescribing.**—The "Chicago Evening Journal" editorially attacks physicians for careless prescription of morphine. It continues, however, to advertise nostrums containing opium, which are more fertile sources of the habit than prescriptions.

**Eighteen Thousand Dollars for Being Put Out.**—A Dr. Buck, of Baltimore, has received a verdict for $18,000 in a label suit against certain Baltimore physicians When Dr. Buck came to Baltimore three years ago, he was admitted to the Maryland Homeopathic Society, after a great deal of discussion. He was expelled July 20, 1891, on charges of malpractice. Dr. Buck charged the defendants, who made the charges, with malice, and instituted suit.

**The Chicago** swill milk agitation has some comical aspects (*Med. Standard*). Prominent among the agitators are professors who proposed to protect the "boodlers" against denunciations of swill-milk use in hospitals by securing for them female physicians who would not "gossip" there anent, videlicit, denounce, the poisoning of insane patients thereby. The newspaper chiefly concerned therein is a sheet notoriously at the beck of the depositors in a certain national bank.

**The Home for the Dying,** to be known as Friedenheim, and located in London, was opened on November 7 by the Duchess of Teck, who will be accompanied by the Princess May. The origin of the home is to be traced to the action of a Scotch lady who seven years ago opened, and has since maintained with the help of a few private friends, a house containing ten beds. The demands for admission to this private home were so numerous that it was conclusively proved that a home on a larger scale would meet a sad hiatus in our provision for the dying sick.

**As an Example of the Faith of a Lay Antivivisectionist** when put to the test, Professor Victor Horsley relates an anecdote of the Duke of Newcastle, a vice-president of an antivivisection society (*Ex.*). During a recent second epidemic of rabies the Duke's brother was bitten by a dog. The dog was killed, and the Duke took its dead body to Professor Horsley, at the Brown Institution. He was informed that the question whether the dog had rabies or not could only be decided by making inoculation experiments; the Duke assented, and frequent inquiries were made by a member of the family to ascertain the result of these experiments, which fortunately remained negative. This was a typical example of the hypocritical character of the agitation.

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**The McLean Asylum for the Insane** which has for over seventy years been in Somerville, is soon to be removed to Waverley. The construction of the new buildings has already begun. A memorial building has recently been offered by Mr. George P. Upham in memory of his son George P. Upham, Jr., who died a little over a year ago. The building has been designed by Mr. William Y. Peters. It is colonial in character. The dimensions of the whole are about eighty-five by one hundred feet. The interior contains nine suites, each consisting of a sitting-room, bedroom, bath room and closets, two private halls, reception rooms, a dining room, a billiard room and a Turkish bath for patients, and, provision for nurses and attendants, as well as for heating, cooking and all domestic service.

**The Virginia State Medical Society** announces that during the next annual session two prizes of one hundred dollars each will be awarded. Dr. Hunter McGuire offers a prize of $100 for the best essay on "Obstructions to the Function of Micturition, and the Results"—open to any member of either of the three State Medical Societies of West Virginia, Virginia, or North Carolina. Honorary Fellow, Dr. Joseph Price, of Philadelphia, Pa., offers a prize of $100 to the Fellow of the Medical Society of Virginia who may present the most worthy essay on the "History of Surgery and Surgeons of Virginia"—his native State. All essays offered in competition must be in the hands of the Secretary of the Medical Society of Virginia (Dr. Landon B. Edwards), Richmond, Va., by September 20, 1893. A motto or a nom de plume only must be signed on the title page (stating whether for Dr. McGuire's or Dr. Price's prize) of each typewritten essay sent in, with a sealed envelope attached, with the full name and post-office address of the author enclosed.

**Abuse of Eye Hospitals by wealthy People.**—A correspondent in an English paper writes apparently in justification of wealthy persons going into the ophthalmic hospitals. He says, "The reason why people go to the Ophthalmic Hospital is because, however much wealth they may have, they get the best surgical treatment." This follows, somewhat inconsistently, an account of his own experience of the hospital, with which he was dissatisfied. He adds, "I believe it is quite true that very rich men go to the Ophthalmic Hospital. An Australian landowner was in when I was. He had come from Australia for the purpose." Wealthy and well-to-do people who go to hospitals are without excuse. They are not objects of charity and they take up beds meant for the poor. It is idle to say that the best surgical treatment is there. It is also to be had from the same surgeons privately; and it is mean and unjust not to pay for it. Such public statement of abuses of eye hospitals should make the governors more vigilant to exclude such unfit cases. Otherwise subscriptions will fall off.

**Treatment of Frostbite.**—Liebreich recommends the following lotion:

℞ Alumen,
Boracis, - - - - - aa ℥iv.
Aquæ rosæ, - - - - - - ℥x.
M.

**Pile Ointment.**—An excellent application for hemorrhoids is the following, which is by Kosobudski (*Nat. Drug.*):

℞ Chrysarobini, - - - - - ℥iij.
Iodoformi, - - - - - - ℥j.
Extract. belladonnæ, - - - ℥ij.
Vaselini, - - - - - - ℥iij.
M.
Sig. To be applied as needed.

**Leucorrhea.**—Paillard orders the following:

℞ Iron oxide, brown,
Iron oxide, subcarb.,
Powdered columbo,
Powdered cinnamon, - - aa gr.jss.
Powdered ergot, - - - gr.iijss.
M.
Sig. One or two such powders daily.

**Wash for Chapped Hands.**—Wendel recommends the following wash for chapped hands (*Lancet-Clinic*):

℞ Green soap, - - - - - ℥ss.
Compound benzoin tinct., - ℥ij.
Glycerine, - - - - - - ℥iv.
Rose water, - - - - - ℥viij.
M.

**Diarrhea of Children.**—The following is highly recommended:

℞ Boracis, - - - - - - - - ʒj.
Glycerini pur., - - - - - ʒiv.
Tinct. corticis aurant, - - ♏xlv.
Aq. destillat., - - - - - ℥ij.
M.
Sig. A teaspoonful every one to three hours.

**Hemorrhoids.**—Dr. Kosobudski uses the following ointment with good effect in hemorrhoids:

℞ Chrysarobin, - - - - - gr.xl.
Iodoform, - - - - - gr.xv.
Extract of belladonna, - - ʒss.
Vaselin, - - - - - ℥jss.
M.
Sig. For external use.

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**It Takes** 4,000 pounds of fresh rose petals to produce 1 pound of attar of rose, or 250 pounds for 1 ounce.

**Homeopathic.**—Gwendolyn Eversleigh laid her throbbing brow against the pane. She was a believer in homeopathy. Pane vs. pain!

**She** (in a carriage)—An eminent physician objects to tennis because it is a one-armed sport. He (driving with one hand)—Nonsense. So is carriage riding.

**Collector**—Mr. Trager, will you subscribe toward the decoration of the soldiers' graves? Mr. Trager—No, sir! The men whose graves I want to decorate ain't dead yet.

**Poor, Dear Man!**—Mrs. Grogan—An' is 't the 'roomatics thot's ailin' Hogan? Mrs. Hogan—No. He shpraint his back lasht avenin' tryin' t' t'row me out th' windy; poor, dear man!

**Foreign.**—Mr. Murphy—Pwhat is lay greep, Mrs. Flaherty? Mrs. Flaherty—It's me impreshun, Mr. Murphy, that it is wan of thim bloody Oyetolian saysoities.

**An Inscription** in a Montrose, Scotland, graveyard, reads:

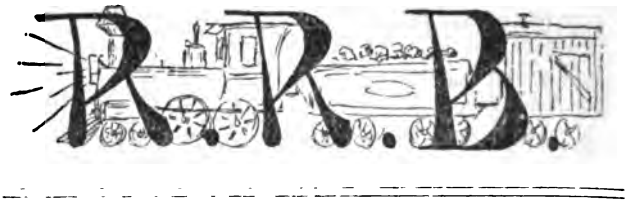
"Here lies the body of George Young, and all his posteriority for fifty years backward."

In Pittsfield the following is recorded:

"When you my friends are passing by
And this informs you where I lie,
Remember you ere long must have,
Like me a mansion in the grave,
Also 3 infants, 2 sons and a daughter."

**The Feuilletoniste** of *L'Union Medicale* says that the following ad appeared in a Parisian daily (we do not reproduce it in the type in which it was presented):

A German Physician of 30 years, having an annual revenue of about 4,000 francs desires to correspond with a young Parisian lady. Financial condition a secondary consideration, but must have irreproachable elegance and a remarkable beauty, these being indispensable. Absolute discretion guaranteed. Address with photographs, etc. And yet they say that it is only the Americans who want the earth.




**The Railway Mileage** of the world at the beginning of 1892 was 385,805 miles, according to a statement at the late railway congress at St. Petersburg (*Railway Age*). Of this total 167,755 miles were credited to the United States, but this is nearly 3,000 miles less than the actual total, which Poor places at 170,601. It is probable that the figures for other countries are rather less than over the correct amount, being based on returns generally behind the times, but the total is immense and the figures are wonderfully suggestive.

**San Francisco Business Men** are tryiug to raise money for the construction of an independent railway from that city to Salt Lake (*Railway Age*), and a committee of Los Angeles citizens has started a subscription for building a road from that metropolis of Southern California to the same destination. The two cities are to some extent rivals, but it is hardly probable that both the proposed lines will be built. It is hoped to interest the Santa Fe in the construction of the Los Angeles line, which of the two seems at present the most likely to be undertaken.

**Cholera and Railway Traffic.**—A very interesting series of articles could be written as to the effect of the cholera epidemic upon the railway traffic at Hamburg, says the *Railway Official Gazette*. The sudden stoppage of trains by orders from headquarters must have had disastrous results as far as receipts were concerned, and worse still, have been fraught with the greatest inconveniences to the unfortunate passengers. The incessant interviewing and fumigation, too, must have been intensely disagreeable. But what about the brave railway men who stuck to duty whilst thousands of natives were hurrying away and foreigners returning to their homes? We hear nothing about that.

**Committee of the M., A. and K. Association.**—The following committees have been appointed by the Missouri, Arkansas and Kansas Association of Railway Surgeons to serve during the coming year:

Committee of Arrangements—Dr. R. Aikmann, Chairman, Fort Scott, Kan.; Dr. R. L. Johnson, Rolla, Mo.; Dr. C. H. Yancy, Hannibal, Mo.

Committee on Programmes—Dr. Willis P. King, Chairman, Kansas City, Mo.; Dr. William B. Lawrence, Batesville, Ark.; Dr. W. C. James, Springfield, Mo.; Dr. E. A. Neeley, Memphis, Teen.

Committee on Transportation—Dr. W. B. Outten, Chairman, St. Louis, Mo.; Dr. E. F. Yancy, Sedalia, Mo.; Dr. F. J. Lutz, St. Louis, Mo.; Dr. J. E. Tefft, Springfield, Mo.

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# MEDICAL REVIEW.

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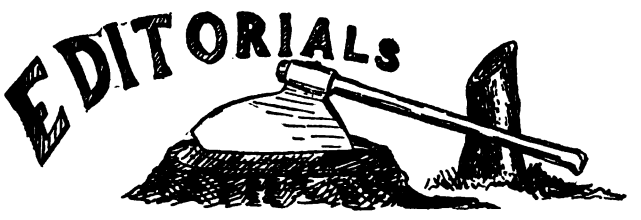


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

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## Substitution.

This subject is one which has far from lost its interest for the medical profession, nor will it as long as the baneful practice is indulged in. That it is indulged in every one is fully aware, but the extent to which it is carried on is not fully appreciated except by a very few of the medical profession. Those few who are aware of the extent to which this diabolical tendency prevails have adopted one of two remedies—either to patronize one druggist whose integrity is tried, or compound their own medicines. In the first instance we have as a final result, the same as in the second so far as the druggist is concerned. His patronage will fall off and he becomes a vendor of patent medicines, cigars, and whisky. This is why the remedies are oftimes as bad as the disease. The physician and druggist should cooperate as much as possible, the one by encouraging the latter in his business of a compounder of mixtures and a purveyor of remedies and the latter by furnishing that which is asked for or ordered. When the physician attempts to become a compounder of medicines he is simply going beyond his sphere; and, as a rule, he is utterly incapable of filling the functions appertaining to that which has indeed become an art.

As to physicians dispensing their own medicines we have here a question presented which offers two points of view. It may be claimed that a large number must carry their own drugs in some cases and this is true enough so far as emergencies are concerned, but it is not necessary to do so in the case of office visits or for any treatment more prolonged than that immediately called for during an emergency visit. It is a false principle which has been accepted by many of the profession that they can make more money by adopting such a plan, whereas they are in reality losing. Again, in order to obtain a small price for the remedies which they peddle these doctors are forced to buy from wholesale drug houses and naturally they will only purchase those drugs which are cheapest and never use the more expensive and better ones. The proprietary remedies are never obtained on account of the smaller profit realized, but imperfect imitations are attempted in a bungling manner, with unsatisfactory results. This is a form of substitution equally reprehensible with that practiced by the druggist. In both cases it is done for the sake of obtaining more money; and, in each case, the substitutor knows full well that it is not "equally as good." We cannot persuade ourselves that a busy practitioner or one who has the welware of his patients at heart, as well as his own reputation, can afford to dabble in the business of the druggist. Neither will the honest druggist deceive his patron and that individual's physician by substituting, yet it is a common occurrence for a druggist to attempt to make extemporaneously a preparation, when he knows that it cannot be done even by the manufacturers.

Such preparations as Malted Milk, Imperial Granum, McArthur's Hypophosphites, and Colden's Liquid Beef cannot be made except by the use of elaborate apparatus, just as holds equally good in the preparation of Fellow's Hypophosphites, Listerine, Febricide, Tritica, Campho-Phenique and Chloro-Phenique. We have by no means exhausted the list for we find other products requiring equally expert chemical and pharmaceutical knowledge for their production as the foregoing such as Horseford's Acid Phosphate, Renz and Henry's Elixir of the Three Chlorides. Freligh's Tablets, Anta-pa-re-na, Verrhus Cle-

miana and other articles. Moreover when the formula is given, as it is in all proprietary remedies the substitutor cannot duplicate the original preparation such as Fehr's Baby Talcum Powder or the Neurosine and Dioviburnia made by the Dios Chemical Co. It takes months to prepare many of these articles and their efficiency depends as much upon the proper manipulation as upon the freshness of the constituents, both of which conditions the substitutor does not fulfill any more than he can make pure Strontium Salts such as are furnished by Fougera & Co., and whose efficiency no substitute imaginable can supplant, a condition which holds equally well in the case of Marchand's Peroxide of Hydrogen. Such manufacturers as W. H. Schieffelin & Co., who handle Friedr Bayer & Co.'s products, Charles H. Phillips Chemical Co., the makers of Phospho-Muriate of Quinine, Wm. R. Warner & Co., the well-known Philadelphia house, Lehn & Fink, who deal in pure chemical products, The California Fig Syrup Co., whose reputation is unassailable, Parke, Davis & Co., the pioneers of exact and reliable pharmacy, Schulze-Berge, Koechl & Movius, the well-known manufacturers of Dermatol, and other reliable products, Frederick Stearns & Co., of non secret remedies fame, and J. C. Baker, whose Emulsion has won words of praise everywhere, are surely firms upon whose honesty and integrity a physician may depend. To assume that any substitute is equally as good or can be made such by any druggist is simply a libel and we are certain that no intelligent practitioner could be made to believe such nonsense. We have alluded to a few reliable remedies which have successfully stood the most rigid pharmaceutical, chemical, and therapeutical tests and we would fain be led to believe that any physician can, at a moment's notice, equal the most elaborate products devised by the highest pharmaceutical skill. It is simply absurd.

It is substitution and like all substitution it is criminal. When a physician knows that a proprietary remedy is the one indicated in a case or when he fails to use one where it can do good and be of advantage to his patient, he is not only derelict in his duty but he is actually criminal; and, if he be actuated by mercenery motives—by the knowledge that he is doing a wrong for the sake of a few pennies—his conduct is infamous. It is even worse than that of the substituting druggist, if such be possible. We can see the infamy of such conduct and yet these are the very ones who have fostered an other form which has led certain unscrupulous manufacturers to make pills of short weight, to furnish adulterated or impure salts, unreliable pharmaceutical products as against the honest goods furnished by honest firms. This is one reason why physicians specify certain "makes." They are acquainted with them and order them in spite of their higher prices, to find in many instances that they have been deceived by the wretched substitutor who has neither honor nor conscience.

How are we to stop this evil? Certainly not by making the doctor a peddler of medicines as suggested by the *Medical Brief*. That is not the remedy; it is simply a method whereby the patient becomes deprived of the real therapeutic necessities demanded in his case. The proper manner of preventing substitution is not by half-hearted substitution but by a demand for pure remedies and an enforcement of that demand. The great bug-bear of proprietary remedies has almost entirely ceased to provoke anything but derision. Societies may "resolute" themselves blind and "code-men" may talk until they grow black in the face and they will not stop the use of proprietary remedies. The original packages of these preparations are a guarantee that there has been no substitution and that is a more powerful argument in their favor than all the ethical objections that can be brought against them. Their efficiency is another most powerful argument and their alleged secret composition is no more apparent than that of paregoric or the compound cathartic pill. What is plain, however, is the uniformity and reliability in strength and composition, something which will hardly be claimed for all the pharmaceutical preparations.

Substitution must go! It lies in the hands of the profession to do this and it cannot accomplish the purpose by certain ones doling out medicines. The educated, progressive, and successful physicians will no more descend to this than will the surgeons to grinding their knives. Watch the druggist and punish him when he substitutes; but, encourage him not to do so, by abstaining from meddlesome interference in his business. This is the remedy.

**The Aseptic Operation** is certainly the ideal one and, according to the *University Medical Magazine*, the sources of infection being known therefore to be the skin of the patient or the hands of the operator, the practical lesson to be deduced is to keep the hands from contact with the wound as far as possible. It is desirable to keep the wound dry, and when every precaution is used to have each article sterile that touches the field of operation, the copious floodings with antiseptic solutions become unnecessary, and, in fact, objectionable. As a result of improved technique, wounds are drained much less frequently than formerly. There is equal necessity now to drain infected wounds that heretofore existed, but when an aseptic operation has been performed through healthy tissues, drainage serves no other purpose than to delay the healing of the wound, and, perhaps, convey infection; particularly is drainage useless when the wound cavity can be obliterated, either by deep stitches or by pressure applied over the dressings. It is important in these cases to keep the wound dry between the time the operation is completed and the dressings applied. For this purpose the wound may be packed with antiseptic gauze or sponges and pressure made by the assistant during the introduction of the sutures, which are to be rapidly tied down after the packing is removed, the pressure being maintained until the dressing is complete. The collection in the wound of blood and serum

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is thus prevented, which, if present, not only prevents primary union, but offers a most favorable soil for the growth of germs, if any have gained admission to the wound. If any proof of the inutility of constant drainage is needed, the experiences of abdominal and pelvic surgeons abundantly suffice. A most noticeable fact is the now infrequent use of the drainage tube by these specialists.

At present the following may be considered the best practice; the most perfect disinfection possible of the skin of the patient and the hands of the operator, perfect sterilization of instruments, dressings, ligatures and sutures, preferably by a suitable form of heat, the avoidance of strong germicides after the skin is opened, keeping the wound as dry as possible, avoiding unnecessary drainage, and the securing of perfect skin apposition.

**Deportment** is certainly as necessary to a physician's success as knowledge, and sometimes even more so. As the *North American Practitioner* very justly observes, in the highly commendable enthusiasm, now spreading rapidly over this country, for a more thorough scientific training in the medical profession, there appears to be a conspicuous, and we think, unfortunate tendency to entirely ignore the importance of cultivating proper habits of professional deportment.

It does not follow because the successful quack thrives solely by dint of exercising what are commonly termed personal qualities, that honest scientific physicians should neglect personal considerations. The student of medicine should have it impressed upon him from the first that the motives which impel a patient to take medical counsel are always to him of great moment, serious if not sad, and he is always entitled to a distinct recognition of this feature of the situation from the physician. Proper respect for the patient's feelings and those of his immediate family may always be shown without hindering the physician from bringing the full force of his scientific attainments to bear upon the case; but it certainly happens quite frequently among the best qualified students, especially those who have had a hospital training, that they acquire the habit of approaching and investigating a case of disease exactly as if it were a botanical specimen or a microscopical slide presented for inspection.

This attitude will be tolerated best among highly educated patients who are able to some extent to form an intelligent judgment of the physician's skill, but it always militates against his success.

If this matter could be regularly presented to students in its true light, they would be the gainers.

Deportment should be regarded as the vehicle by means of which professional service is conveyed to the patient, but unhappily the public is too much inclined to be guided rather by the style of this than by its proper contents: to the majority it is indeed a closed vehicle whose contents are estimated entirely by its external appearance.

While it is obviously our first duty as scientific physicians to establirh the truth where it can be understood, we must display enough deference to the feelings of our patients to render our intercourse with them agreeable if we expect to retain their patronage.

**Rest** is regarded as an absolute necessity by Dr. John Ashhurst, Jr., who in a recent address said the following *inter alia* (*Univ. Med. Mag.*): Rest, certainly: even a machine, we are told, works better with rest at proper intervals, and for the human being, as for the lower animals, periodic rest is essential to full activity; and as for recreation in its true sense—the re creation which enables the man to return to his work with renewed vigor and energy—that can best be got through rest, and through the change of thought and occupation which can most conveniently be obtained for the mind while the body is resting; but as for systematic holiday making and pleasure seeking, right and proper enough in their own time, I respectfully submit that their time is not during the winter session of a medical college. You must school yourselves to sit still in the lecture room, and concentrate your minds on your studies, even though you hear from the athletic grounds the shout of the triumphant football player, or are startled by the cheerful college yell of the young gentlemen on the other side of the campus.

As regards rest, I would strongly urge every student to make a point of obtaining regularly seven or eight hours of uninterrupted sleep, and not to wait to begin his night until the early hours of the morning. I confess, indeed, to a strong sympathy with the student of any age who trims the midnight lamp in the pursuit of learning and in high thinking, but it is wise not to do this while you are studying medicine. Remember that the chemical lecture and the morbid anatomy demonstration come at 9 A. M., and make your post-meridian hour for retiring correspondingly early. Then I would make it a rule, without any exception, to do no studying on Sundays. Our friends among the theologians who advocate who is called the "higher criticism," have, I believe, still left us the Ten Commandments; and obedience to the fourth precept of the decalogue is not only as obligatory now in a moral point of view as it was when Moses descended Sinai's Mount, but it is also as important from a mere worldly standpoint, in the preservation of health and in enabling the individual to accomplish the best work with the least impairment of his natural powers. With a good night's rest after each day's toil, and with the Sabbath day kept holy, none need fear overwork; it is those who burn their candle at both ends who are threatened with premature darkness.

**The Making of Doctors** in Chicago, is thus commented upon by the *Alkaloid*—: All the medical colleges of this city are now in full swing, preparing for the annual grist next spring. This city is peculiarly fortunate in being so well supplied with these colleges. A

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year or so ago we had four regular colleges, two homeopathic, one physio-medical, and one eclectic. Within a short time four more have appeared, two homeopathic, two evening schools, where clerks, shop-keepers or mechanics employed during the day can study medicine at night, and a college which proposes to teach medicine without any didactic lectures, only laboratory work and clinical instruction being employed.

*Pari passu* with this increase of colleges our state board of health, at its last meeting, wisely adopted four rules, the second of which reads as follows:

"No medical college can be held to be in good stand ing until it has established its claim to such standing by an active existence of not less than five years, and then only upon compliance during such period with the terms of Rule I, and by its work, and the character of its graduates as determined by the examination of the board."

This rule will materially affect the existence of the new colleges in this state. We doubt if many of them will answer to the roll call five years hence. And in the mean time the average student will probably prefer to attend a college which has some standing, and the diploma of which admits to practice, rather than one which has none, and requires him to pass an examination in addition.

**False Claims** should ever be frawned down upon and none more than those made by certain members of the profession in regard to specialism. As the National *Medical Review* says: There are altogether too many men who claim to devote their entire time to some special work, and yet show the greatest avidity for everything that comes within their grasp. This was well illustrated at the last meeting of the Medical Association of Washington, D. C., when a name was —unfavorably—reported for membership. The report said the doctor was "a specialist on the eye, ear, nose, throat and lungs, and attended to general practice." This was enough to give him an adverse vote in itself; while his business relations with a professional relative, who uses the daily papers freely, did not add much to his standing! The case looks very much to us as if the Uncle hoped to bolster himself up on the professional standing of his namesake. But the "professional standing" is not forthcoming, and our visitors from the classic city had better return thither, while the lamp holds out to burn.

**Abortion,** produced by respectable women upon themselves, is a common practice if we are to believe Dr. W. T. Kendall who says *inter alia* (*Miss. Med. Mo.*) that it is astonishing to the medical profession to learn the extent to which married women of good repute carry this great crime, abortion, and the methods resorted to. A great many fail in the attempt, yet a great many succeed. The great wonder to me is that some do not produce death to themselves by the means and methods used.

I think our ladies of to-day are surpassing the female slaves before the late war in the art of producing abortion The negroes before the war would frequently object to bearing children and would resort to the use of cotton root tea to produce abortion, which it invariably did. The first case I ever saw was a negro girl, 18 years of age, who had taken a large quantity of cotton root tea to produce abortion, which she effectually did. When I arrived at her cabin I found her in the throes of the most violent convulsions I ever witnessed and it was some time before I found out, through an old negress on the place, what caused the convulsions.

I have known ladies to take large doses of double tansy, camphor and many other remedies in astonishingly large doses.

The question with me is how can they, after such heroic doses, escape with so little injury or bad effects to themselves.

**Incompetent Druggists** and counter prescribing are of more than passing interest. At a meeting of the Section on Public Health of the New York Academy of Medicine, held October 28th, Dr. Bernard Gordon read a paper on "The Present State of our Pharmacies, with Suggestions for Improvement," in which he depicted a very unsatisfactory state of affairs as regards the drug stores on the east side of that city (Boston *Med. and Surg. Jour.*). Not only was the proprietor himself, he said, often undeserving of a pharmaceutical license, but his clerks, as a rule, were ignorant and stupid. Having cited instances of errors in the compounding of prescriptions in his own practice, he expressed the opinion that the physician could never be sure of his patient in the hands of these persons, and also that the druggists were not over honest in either the quality or the quantity of the medicines they dispensed.

As a remedy for these and other evils, he recommended that the number of licensed pharmacists should be limited, as they are in nearly all the large cities of Europe; not more than one to ten thousand inhabitants being given the right to dispense medicines. He also recommended that there should be a more rigid inspection of licensed pharmacists by the State Board of Pharmacy, to the end that fully qualified persons alone should be permitted to compound prescriptions; that the sale of poisons should be allowed only on a physician's prescription; that the patient should always be furnished with a copy of every prescription; and that a regular scale of prices should be imposed by an authorized board.

A druggist present, thought that the reader had presented entirely too serious a view of the situation. Great improvement, he thought, had been made in the practice of pharmacy in New York during the past eighteen years. It was a fact that the College of Pharmacy had graduated and was still graduating able and accomplished druggists, who were to be thoroughly relied upon, and that they now constituted a great

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majority of those in practice. He admitted the existence of some incompetent druggists, but believed that this was due to the lack of proper inspection. The Board of Pharmacy had not the requisite means for properly carrying on this work, and he urged the propriety of a memorial to the Board of Health for sufficient funds for the purpose.

Other doctors, who took part in the discussion, referred to the violent competition resulting from the licensing of so many druggists in the same neighborhood, and criticised the system of counter-prescribing practised in all parts of the city.

**Abuse of Free Dispensaries** still continues to attract attention. Dr. Albert R. Baker states (Cleveland *Med. Gaz.*) that one of the most important questions that presents itself in every discussion of free dispensaries is the abuse of medical charities. We are not suffering in this respect to the same extent that they do in many of the large eastern cities, but we are fast approaching that condition. In this, as in many other matters, prevention may be better than cure.

There is in every community a large number of indi viduals who cannot resist the temptation of getting something for nothing, and the free dispensary has unusual attractions for this part of the population. Some of these come when they are not sick.

Another class of patients present themselves in large numbers at the free dispensaries who are honest in their intentions, who pay their family physician for ordinary services, but who when needing special or skilled treatment are not able to pay what seems to them the exorbitant fees required by the specialists. Another class of dispensary patients is largely made up of country people, and persons from surrounding towns; they need the best skill and advice and go to the free dispensary because they know there they will get the services of the best men in the profession. They are usually more free to go to the dispensaries than residents of the city, because they are strangers and do not have the same sensitiveness about receiving charity as though they were surrounded by their friends and neighbors.

**Medical Teachers and Teaching** are not up to the standard according to the *Journal of the American Medical Association* which says that the effort to raise the standard of preparation for medical study, and lengthen the course meets the hearty approval of all. But is there not needed some changes among teachers and methods of teaching? Are the medical colleges doing their work along the advanced lines of medical progress?

Medical schools must teach something more than exact formulas and explanations. The student must be taught to study and investigate for himself, beyond all lectures and text books. He must be taught that these are only guides and aids, and that the real facts are often far beyond these levels. The prize winner and the class scholar who has answered all the questions may be a mere parrot, who after a time becomes a teacher, and narrows the range of science to his dead level of index classification. Such men are blind leaders of the blind, and the unfortunate student who passes through such hands is dwarfed and crippled as a scientific man, or loses half a life time in unlearning and correcting the errors of his medical instruction. This may seem extravagant, but a casual observation, among the incompetent men of the profession, will indicate its truth. How few men are original thinkers and students? How many men trust to the teachings of a text-book and their memory of college lectures? How many men are hunting for specifics and combinations of drugs to do this or that? How many articles in journals are devoted to explanations of symptoms and diseases? How many works arrange and group the supposed facts of medicine as if they were mathematical truths? These and many more queries suggest that raising the standard of preparation for medical study will not of itself bring into the profession better medical men.

We must have medical teachers who are scientific students and explorers, who teach the spirit of truth as well as the letter. Teachers who can inspire the student with something more than a text-book conception of the relation of facts. Then we shall have men in the profession who are always students, always investigating on the road from the lower to the higher. There are such teachers and colleges, but we sadly need more of them.

**Fire** is the greatest of all antiseptics according to Dr. Hal. C. Wyman (*Med. Age*); it is the one sterilizer before all others, and the one that the surgeon ought to be most particular to familiiarize himself with. In fire you have the means by which you can quickly destroy micro organisms. Every dressing that you contemplate bringing in contact with the wound can, in a very short time, be sterilized on a stove if there is a fire in it, or it can be sterilized over the top of a lamp. He has taken pieces of old sheets that had been used and were badly soiled, has held them over a kerosene lamp and thoroughly sterilized them, destroying every germ, and placed them subsequently in substances that were very sensitive to the growth of micro-organisms, and not one micro-organism made its appearance—satisfying him, beyond any doubt or question, of the ability of a small amount of heat to thoroughly sterilize matter. Now, with this means at our command, we ought never, in his judgement, to treat a wound without making an effort to keep out the mischief, which comes in from without.

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**A Law** has been passed at St. Petersburg that a doctor who takes charge of an accident which he may happen to attend on the street, shall be paid by the police in proportion to the importance of the case.

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**Ecchymoses Due to Natural Causes.**—Dr. Henry A. Lediard writes us follows to the *Lancet*: Your Paris correspondent is right in supposing that the case reported at the Pau Congress of the French Society for the Advancement of the Sciences would be of interest to medical jurists in this country. It is well known already that during the convulsive struggles of the epileptic hemorrhages may be found beneath the conjunctiva or in the cutaneous tissues about the face, much in the same way as bloody extravasations are found in children suffering from whooping cough; but few would be prepared to hear of the enormous ecchymoses met with in Dr. Cabade's carpenter, in whom the convulsion must have been inordinately severe to bring about the startling appearances found on the chest, trunk, shoulders and arms. Such a unique case will tend to emphasise the remarks found in forensic text-books on ecchymoses occurring in the body from natural causes. I am not clear, however, that it is as widely recognized as it ought to be, that the convulsive struggle associated with sudden asphyxia may be the cause not only of punctiform ecchymoses in various parts of the body, but of submucous extravasations, which may give rise to suspicions of foul play. Possibly the mucous surface has not been the subject of as much attention in post-mortem records of suffocation as it deserves. In cases like Dr. Cabade's, where the external skin showed such extensive evidence of venous pressure from interrupted circulation of the blood from an epileptic fit, it is not unreasonable to believe that the mucous surface more or less shared the damage. In suffocation from the impaction of a foreign body in the windpipe, where the death struggle would be prolonged for four or five minutes, submucous extravasations of blood would in all probability be found in the vaginal mucous membrane and mucous linings of various organs as well as in the serous coverings of the various viscera, and such marks of ecchymosis might readily be attributed to a felonious cause.

**Treatment of Trichinosis.**—After detailing several cases of the affection (Memphis *Jour. Med. Sc*) Dr. B. G. Henning says: From my experience in these cases of trichinæ poison, I feel justified in requesting a further trial of motion, not motion voluntate, entirely depending upon the patient's idea of his ability, but motion by force, if need be. The first efforts may be very painful in some instances, but all patients under my care were unanimous in assuring me that pain was never so severe after a few days' exercise as before. I do not venture to say that motion of the muscles limits the activity of the trichinæ within them, and that a passive condition permits them to rove about ad libitum, but as a theory, no matter how fallacious, might bring forth a true theory by investigation, I would present the following: In relaxed muscles (passive condition), the irritation of the trichinæ favors an exudation into the connective tissue of the muscle fibers and subsequent adhesions, which are on voluntary or involuntary contraction ruptured. When the muscular fibers are active, frequently contracting and relaxing, adhesions are not permitted to form to a great extent. But whatever the true theory, the fact remains unanimous in nineteen cases. Whilst we appreciate the necessity of an early diagnosis in all diseases for their proper treatment, a failure to recognize this affection in the earliest stage may be direful. For every morsel of trichinous meat will bring reinforcement to the invading enemy, and, as some are building their permanent quarters (cysts), others will be active in their destructive work. Diarrhea, with or without vomiting, in several members of a family, about the same time (say within a week), should attract the physician's attention, and careful and untiring search made for a cause for these symptoms.

**Arterial Thrombosis, Acute Gangrene, Amputation; Complete Recovery.**—Dr. Frank L. R. Tetamore relates the following case (*Int. Jour. Surg.*): I was called on a Sunday night, four months ago, to see a case of acute gangrene, by Dr. Herman, of Brooklyn. I found a young woman about twentyfour years of age, temperature 103°, pulse rapid and feeble. The gangrene extended to the middle third of the leg.

She had been confined six weeks previously. Her pregnancy I should judge, had been about normal. Three or four days after delivery she developed elevation of temperature with peritonitis and septicemia. The swelling of both limbs commenced about the third week, and had been in this condition up to the time I first saw the case—six weeks after delivery, as already stated. I amputated at the junction of upper and middle third, doing a flap operation. Chloroform was used as anesthetic; hot water and bichloride as antiseptics. A large clot, about one and one-half inches long, was found protruding from the artery, and was drawn out. The dressing consisted of iodoform and vaseline with borated cotton. The wound healed entirely in sixteen days, and the patient made a perfect recovery in six weeks.

**Some Notes on the Value of Peroxide of Hydrogen.**—Dr. Robert T. Wilson, Assistant Surgeon to the Hospital for the Women of Maryland, has written the following to *Practice*: Having read in the January number of your excellent journal, the experience of Dr. S. Potts Eagleton in the use of "Hydrogen Peroxide in Surgical Affections," I am prompted to send you for publication the following:

In January I was called to see a lady in her seventy-

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sixth year of age, suffering, as her husband supposed, from an inguinal hernia, but upon careful examination, I diagnosed a deep-seated abscess, and at onec ordered hot poultices, to be made of equal parts of flax seed and corn meal, and applied in the following manner over the skin: White gauze, hot poultice, muslin, oil silk. After a few poultices had been used it was in a condition to be opened. A good incision, giving free drainage was made. The cavity was eight inches in depth. Every day the cavity is syringed with "Peroxide of Hydrogen" (Marchand's) full strength.

The first effect noticed was the rapid oxidation of all purulent matter, which caused the distention of the cavity with the gas eliminated as a frothy yellowish (or yellowishgreen) bubbling substance. After the oxidation is completed the wound is always in a clean, sweet condition, absolutely free from pus. The cavity is dusted with iodoform, and antiseptic dressings applied. The cavity is gradually healing up from the bottom. In my experience "Peroxide of Hydrogen" (Marchand's) perceptibly diminishes the pus formation. In this connection, I will also state that I am using "Peroxide of Hydrogen" in a case upon which I operated February 16, and from which was removed a large multilocular ovarian tumor and also an enlarged uterus with many fibroids (hysterectomy). The wound (stump) is in a healthy condition; her general condition is good. Indeed, she is getting along finely. The clamp came away yesterday. The sixteenth day was up yesterday., counting by hours, from the time of the operation. The wound is in a healthy state, and perfectly healed. Hardly a day passes that I am not using the "Peroxide of Hydrogen" in my practice. I send you these notes, hoping they will assist some brother practitioner who may be a reader of your practical journal. Doctors talk with each other about their cases, and I believe they are as much interested in exchanging their experiences by correspondence. We are mutually concerned.

**Congenital Absence of the Penis.**—Raeuber came upon this case by accident, the patient, aged 38, being at the time under treatment for an internal complaint. The testes were normal, the spermatic cords could be followed up to the inguinal canal, the urethra opened in the anterior wall of the rectum. The irritation of the urine was the cause of frequent burning sensation in the bowel. In other respects the patient was normal and of masculine appearance. At times he experienced sexual excitement, followed by a tickling sensation in the rectum, accompanied by *ejaculatio seminis*.

**Poisoning by Fish** —When the British steamer Yorker arrived at Marseilles from Rangoon the captain reported that several of his crew had died in terrible agony after partaking of some fish, which had been caught in tropical waters (*Lancet*). In these regions many fishes are found which at certain seasons, or it may be in the case of some species always, are exceedingly poisonous when used as food. This is especially the case with such fish as feed on medusæ and on certain coral banks. Experts assure us that great caution has to be observed in eating fish caught in tropical waters, and too much attention cannot be bestowed on the warnings of those whose experience of the fish found in various neighborhoods enables them to say which should be avoided as articles of diet. This subject is fully discussed in some of the earlier chapters of Gunter's "Fish," a copy of which is to be found in the library of the Royal College of Surgeons.

**Influence of Costume in the Production of Floating Kidney.**—In the *Journal de medecine de Paris* Karayni's views are given concerning costume as a factor in floating kidney in woman (*Ex*). The corset has before been arraigned as a cause, but the writer considers it rather a sanitary aid than otherwise, since it contributes toward throwing the weight of garments upon the upper half of the body. High heels and heavy clothing destroy the normal center of gravity, increase the lumbar curve, and throw the kidneys forward and downward.

**Thiosinamin.**—This new body, introduced as a remedy for lupus, and in certain syphilitic disorders, by Hebra, of Vienna, is obtained (*Nat. Drug.*) by mixing 2 parts of essential oil of mustard, 1 part of absolute alcohol, and 7 parts of ammonia, and heating the mixture at 40° C. for several hours. The odor of the oil of mustard and ammonia disappears after continued heating, and thiosinamin separates in crystalline form. These are soluble in alcohol and ether, but not in water. Thiosinamin acts as a powerful diuretic, without apparently affecting the heart. It also softens cicatricial tissues.

**Piperazine and Uric Acid.**—Biesenthal, of Berlin, affirms that the consensus of opinion is in favor of the use of piperazine in recent cases of gout, and that even in chronic forms of the disease its action is almost always favorable (*Ex*): Continued small doses—from fifteen to forty-five grains a week—constitute a sure prophylactic. The remedy has proved valuable in renal colic and in hemorrhage from the urinary tract. The last-mentioned disorder, even when of years' standing, has been entirely relieved.

**Vomiting of Pregnancy.**—In closing a paper on this subject (Boston *Med. and Surg. Jour.*) Dr. R. A. Kingman offers the following brief suggestions:

Vomiting of pregnancy means suffering and distress which you are bound to relieve.

There is no difference save in degree between the so-called "physiological vomiting" and "pernicious vomiting."

Simple "morning sickness" may pass into "incoercible vomiting" and prove fatal.

The vomiting of pregnancy results usually from some

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uterine displacement or other local cause which interferes with the normal expansion and development of the uterus.

This local cause is in a majority of the cases an anteflexion and partial prolapse of the uterus with induration of the tissues in the cervical angle.

To cure the vomiting it is necessary to remove the local cause.

This done, morning sickness need no longer be an essential part of pregnancy.

**Clinical Classification of Hip-Disease.**—In a consideration of coxitis Dr. Robert W. Lovett divides the trouble clinically (Boston *Med. and Surg. Jour.*) into four types. These four types are:

1. The Destructive Form, where the disease is rapid, severe, and but little influenced by ordinary treatment; extensive infiltration of the soft parts takes place, and in most instances the disease passes on to a fatal issue.

2. The Painful Form, where pain is a prominent symptom, and exacerbations are common.

3. The Quiet or Painless Form, where pain is an unimportant factor or is entirely absent.

4. The Transient or Ephemeral Form, where the symptoms are mild and the course of the disease is run in a few months.

1. The Destructive Form.—The type of hip-disease which he would place in this class occurs most often in children of tuberculous inheritance and poor vitality. Its onset is rapid and painful, often excessively painful. There is, almost from the first, much thickening of the trochanter and peri-articular tissues. The general condition is rapidly impaired, and abscess formation takes place early. One abscess follows another with profuse discharge through sinuses which open widely and are surrounded by colorless granulations. This type of disease most often begins as such, and is clearly a type by itself throughout. At other times, but rarely, it is superadded to one of the forms about to be described. The temperature is high, the wasting rapid, and a porky induration of the thigh ensues.

**Treatment of Zona.**—Brocq employs the following, according to an exchange:

℞ Boric acid, - - - - gr.xv.
Oxide zinc,
Powd. starch, - - - aa gr.xxx.
Albolene, - - - - ʒjss.
Lanolin, - - - - - ʒii¼.
M.

By means of a needle previously passed through the flame, open carefully all the vesicles of the zona; then wash the parts with boric water containing a little alcohol; cover with the above paste; powder with starch and spread over the whole a thick wad of tow. If the pain is too great add muriate of morphine or cocaine to the above formula.

We have been in the habit of using a powder containing equal parts of prepared chalk and carbonate of magnesia, adding a drachm of camphor to the ounce of the mixture. In addition to these nerve tonics are administered internally.

**Rheumatism.**—Dr. C. M. Brucker publishes the following in the *Times and Register*: Liniment for inflammatory rheumatism:

℞ Aconiti tinct. U. S. P, - - ʒiv.
Ext. hammamelis destillat., - ʒiij.
Alcohol, - - - - - - ʒij.
M.
Sig. Apply and cover with flannel.

℞ Ferri phos., - - - - - gr.v.
Lithii brom., - - - - ʒvj.
Aquæ dest., - - - - ʒiv.
M.
Sig. Teaspoonful two to three hours in water.

℞ Acidi salicylici,
Sodii bicarbonat., - - aa ʒij.
M. Chart No. xii.
Sig. One every two to three hours.

For chronic rheumatism:
℞ Olei sassafras,
Olei spike,
Aq. ammonia, - - - aa ʒj.
M.
Sig. Apply and cover with flannel.

In some cases add cotton seed oil in similar quantity to the above.

For lumbago:
℞ Potassii iodidi,
Tinct. macrotrys (herb. virid.), aa ʒij.
Tinct. rhus tox. (herb. virid.), - gtt.x.
Aq. ol. menth. pip., - q. s. ad ʒiv.
M.
Sig. Teaspoonful every three hours; later, three times a day. Take mixed with water.

Keep the bowels regular with salines. These prescriptions are some of the many found to act well in these complaints. As to the coal tar derivatives, he seldom uses them, and then only combined with a stimulant, and then he watches for heart complications.

**Sozal.**—Amongst therapeutic novelties an organic salt of aluminium, called Soxal, has been the subject of bacteriological and clinical experiment by Professor Girard and Dr. Luscher. Sozal is the para-phenol sulphate of aluminium $[C_6H_4(OH)SO_4]_6Al_2$ obtained by dissolving aluminium hydrate in phenolsulphonic acid, and is a crystalline body with astringent taste and weak phenol odor that dissolves readily in water, glycerine and alcohol, giving stable solutions. The results of bacteriological and clinical experiments by no means tally, as is also the case with other aluminium preparations, and even with iodoform. Whilst the bacteriological investigation condemns sozal as an antiseptic, its

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employment in one per cent solution for injections in purulent masses, in tuberculous ulcers and cystic affections, has met with success. Possibly more will be heard concerning the salt, especially as compared with aluminium acetate its stability is remarkable.

**Present Status of Symphysiotomy.**—We have received the following interesting statement of this subject from Dr. Robert P. Harris (N. Y. *Jour. of Gyn. and Obst.*):

After a most patient and persevering work, under an unusual measure of faith in its ultimate triumph as an operation, Prof. Ottavio Morisani, of the Royal University of Naples, has at the end of thirty years, lived to see his hopes realized; and delivery by symphysiotomy advocated and tested, by prominent obstetric surgeons in France and Germany. In no one year in its history, have there been so many symphysiotomies, as have already been performed in the eight months of 1892. The maximum year, was 1778, in which there were eleven cases; but in the present year there have been on the average, two per month. To show the growing popularity of this form of incisive delivery, and at the same time its wonderful results in saving life, we present the following record:

| | | | |
|---|---|---|---|
| Operations in 1886. . . | 1. | | |
| " " 1887. . . | 1. | | |
| " " 1888. . . | 3. | Operators, . . | 2. |
| " " 1889. . . | 7. | " . . | 4. |
| " " 1890. . . | 7. | " . . | 4. |
| " " 1891. . . | 10. | " . . | 5. |
| " " 1892. . . | 15. | " . . | 9. |

| | |
|---|---|
| Operations in Naples, . . . . . | 33. |
| " " Novara, . . . . . | 1. |
| " " Bitonto, . . . . . | 1. |
| " " Paris, . . . . . | 6. |
| " " Dresden, . . . . . | 2. |
| " " Strassburg, . . . . . | 1. |

Total operations forty-four. Women lost, one. Children lost, five.

There have now been twenty-six operations under twelve operators, since the last woman died, two years ago.

| OPERATIONS OF 1892. | CASES. |
|---|---|
| Prof. Morisani, of Naples, . . | 3 |
| Prof. Novi, of Naples, . . . | 1 |
| Prof. Truzzi, of Novara, . . | 1 |
| Dr. Caruso, of Naples, . . . | 1 |
| Prof. Pinard, of Paris, . . . | 3 |
| Prof. Tarnier, of Paris, . . . | 1 |
| Dr. Porak, of Paris, . . . | 2 |
| Prof. Leopold, of Dresden, . . | 2 |
| Prof. W. A. Freund, of Strassburg. | 1 |
| | — |
| | 13 |

One child born dead; one child died on third day after version, of meningeal hemorrhage. No women disabled by the operation. As Paris has now four of its best-known professors in accord with Prof. Morisani in advocating the operation; and as Prof. C. G. Leopold the Cesareanist of Dresden has commenced to operate, we may expect soon to hear of it in Vienna, Milan, and other cities, and to find some one inaugurating it in the United States. (It has been).

Since the revival of the operation in 1866, it has been performed 115 times; but it is only since the adoption of rigid antisepsis or asepsis, six and a half years ago, that it has become almost deathless.

**Intestinal Antiseptic in Typhoid Fever.**—Dr. William Thompson recommends (*Jour. Ark. State Med. Soc.*) the following antiseptic treatment in the management of typhoid fever. Dr. Thompson has had the opportunity of using this formula in a few cases only, but the effects have been such as to justify the belief that the combination is a valuable one in the management of typhoid fever. The dose as given below is intended for adults, but it may be diminished in proper dosage in the case of children:

℞ Salol,
Ol. terebinth,
Tr. iodin., - - - - aa ʒjss.
Mucilag. acaciæ, - - - ʒiij.
Aq. menth. pip., - - q. s. ad. ʒiv.
M.
Sig. Teaspoonful every three hours.

In compounding this formula the salol, ol. terebinth and tr. iodin. should be thoroughly triturated before the other ingredients are added.

**Fracture of the Maxillary and Malar Bones.**—Gayet (*Arch. d' Ophthal*) relates a most interesting case in which fracture of the maxillary bone and of the malar bone of the left side produced displacement, not only of the fragments of bone, but also of the skin and soft tissue, causing an unsightly deformity. This was, in Gayet's opinion, more than could be rectified by mere freeing of skin and tissue, so he made a large flap of the soft tissues and removed the periosteum, separated the depressed bone with a dental drill and elevated it. The piece of bone containing part of the orbital margin, when in proper situation as regards the orbit, was not by its inferior edge in proximity with the maxillary bone; this was corrected by the insertion of platinum clasps, which held the separated part in its proper position as regards the orbital margin.

**Acute Yellow Atrophy and Syphilis.**—Dr. Engel Reimers reports three cases tending to support the view that acute yellow atrophy of the liver is a result of the syphilitic poison. In these cases the first symptoms appeared about seven months after the primary sore. Therapeutic measures were without avail, but the reporter had the satisfaction of seeing his diagnosis confirmed at the autopsy in each instance.

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## San Francisco Letter.

Editor Medical Review.—An undoubted instance of duplex mentality has been engaging the attention of the profession during the last few days in the case of E. J. Livernash, who is now on trial at Santa Rosa for attempted murder. During the trial we have noted some very novel methods of obtaining evidence. The accused has been put on the stand and under the influence of the hypnotic spell has again lived over his past and given the most minute details of the crime. The history of Livernash is a study of the infinite depths of mentality, the intricacies of the co-ordination of cerebral action and the problem of psychology such as seldom has been brought to the notice of the fraternity. With a head abnormally large in the occipito-mental diameter and a peculiar face, he was writing editorials for the daily papers ere he reached his tenth birthday, and when sixteen years of age he was editor of the best paper in the State outside of San Francisco; he was a lawyer at eighteen, and at present is the most prominent; "brainy" men have testified that, in their opinion, he is "one of the most brilliant men they have ever listened to,—about the brightest man in the State." Yet this man was arrested in this city within a year for masquerading on the main street as a negress, for which he was fined by a police judge; a few months later he was thrown out of a prominent dry goods store while attempting to "buy thirteen pistols;" and a few days later he attempted to poison with prussic acid, and then shot an old man named Ethridge after ordering him to make a will in his favor. After the shooting he was sent to the insane asylum, but is now out and attending to his business. Dr. Gardner, Superintendent of the Napa Insane Asylum, and Dr. Robinson, Professor of Mental Diseases at the University of California, have been called as experts by the accused. The defense claims that Livernash is subject to auto-hypnotism—that he leads a dual existence and, of course, is not responsible in his normal state for what he might do in the abnormal—that he was hypnotised while passing for a negress, and that he shot Ethridge believing him to be the Police Judge who fined him in San Francisco. Dr. Robinson explained: "In about one-third of cases hypnotism is impossible; another third are particularly susceptible because of inherited tendencies—this patient was unusually susceptible. His father was very peculiar, his mother on the borderland of insanity, his brothers often went into hypnotic trances." Dr. Gardner placed him in the witness box, and before the Court placed him under the spell and made him relate in detail the story of the shooting; how he came to San Francisco, secured two pounds of prussic acid, and how he had endeavored to buy thirteen pistols; how he tried the plaintiff with poisoned wine and afterwards shot him "because he was transgressing one of the fundamental and ultimate principles of fate—of nature." While relating this, needles were thrust into him, and a bottle of aqua ammonia held to his nose, but with no effect. A Dr. Wachendorf was called as an expert by the prosecution and disputed the opinions of Drs. Gardner and Robinson, believing the patient simulated hypnotism. He discoursed elaborately upon the relation of the moon's phases upon astral magnetism, on natural somnambulism and post-hypnotic condition. On cross examination the Doctor stated that he was a homeopath of nine month's standing; did not know the name of the President of his college; did not wish to name his instructors; had not studied in any regular school, and was very hazy on authorities for his theories, clearly demonstrating, to the amusement of the experts on the opposite side, that he did his reasoning with his mouth. The case is not yet ended, but we who have been watching its progress have had the uncanny spectacle of a man of unnatural impulses telling crazy ideas, and in pure English going into a rhapsody of maudlin thoughts; relating chains of demented reasoning—a being sans sight, sans smell, sans sensation; and then, one—two—three! wake. From Dr. Gardner we have a man—"one of the brightest in the land," clear-sighted and with deep reason leading his attorneys in the maze of the law, in the thrust and parry with the prosecution, a fencer of rare skill—a powerful brain, evenly poised, patching with wonderful sanity the flaws in a tale of imbecility.

There is little severe sickness in this city at present, but plenty of colds, diarrheas, etc., make the family doctor happy.

The City and County Hospital is to be lighted with electricity in the near future, the Supervisors having appropriated $1,700 to purchase the necessary plant; we hear also that a ward is to be furnished for cancer patients only. S. J. H.

## A Large Infant.

Editor Medical Review.—I notice in your journal that physicians report the birth of large "infants." To interest others on this subject, and stimulate them to report cases, I will trespass on your space, if you think the subject worthy of your attention by rising to give my experience in a baby-weighing adventure. Nov. 12, 1891, my services were solicited to attend Mrs. S., German, aged 28 years, third confinement. She had rested reasonably well during the night, arose at the usual hour in the morning and prepared breakfast; during the meal she had her first pain. I arrived at 7 o'clock A.M. and found labor progressing, at 9 o'clock I delivered her of a male infant weighing 15 pounds, honest weight,

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that is without clothing. This lady has an unusually large and roomy pelvis, in fact she is rather a large woman, her height is 5 feet 10 inches. The expulsive pains were severe, but she declined an anesthetic. No rupture was sustained nor anything out of an ordinary labor. Mother and child did well. LEWIS CARTHRAE, M.D.

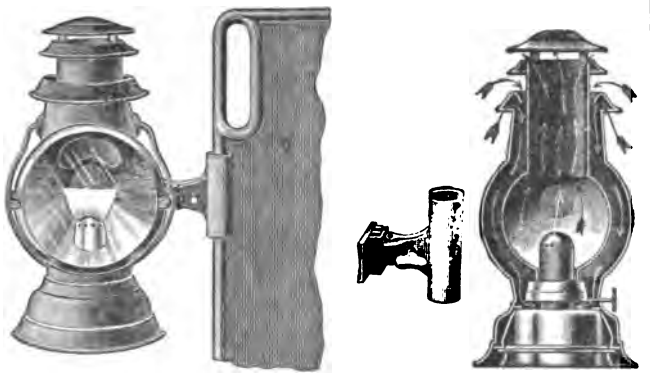
Corder, Mo.

**Granular Lids.**—In granulated eyelids, when the patient complains of dryness of the lids, the following treatment will give relief (Kansas *Med. Jour.*):

℞ Hydrarg. ox. flav., - - - grs.ij.
Vaselini, - - - - - ʒss.
M.

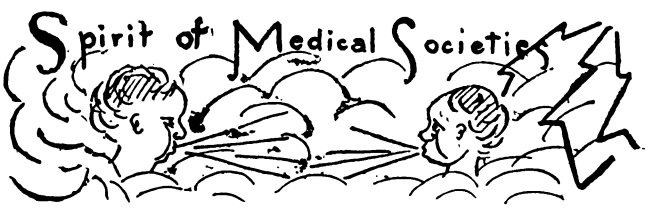
Sig. Apply a small quantity to the eye at bed-honr every night or every second night. When the ointment is too strong or too frequently applied, or when too much is applied at one time, the light will hurt the eye next day.

**"Dietz" Tubular Driving Lamp.**—"Dietz" tubular driving lamp is made on the well-known tubular principle. The walls being made double form an air chamber into which the air passes at the top, and through it to the inside of the burner in a continuous current, and the hot air products of combustion pass from the burner straight up through the central tube to the open air. In consequence of this continued supply of pure cold air from the outside directly to burner, the lamp always burns with a clear white light, without smoke or smell. The lamp will not blow out in the strongest winds.



The lamp is shaped somewhat like a locomotive headlight, with a cone shaped, bright reflector around the flame, which throws all the light straight ahead. The lamp can be fastened to the middle of the dash, by means of spring on the back.

Advantages claimed: It throws all the light straight ahead, 200 feet or more. It can be attached instantly to the end or side of dash. It burns with a clear, white flame. It does not smoke nor smell. It will not blow out. It burns kerosine. It is continuously advertised in the MEDICAL REVIEW.




## St. Louis Medical Society.

Stated meeting held November 12, 1892.

Dr. H. Marks presented a specimen taken from the body of Alfred Wyatt (colored), who was shot July 1, the bullet piercing the intestines seven times. A laparotomy was performed, the intestines healing. The patient was discharged August 10, cured. November 9 he returned to the City Hospital and showed signs of typhoid fever to which he succumbed. An autopsy was held November 11 and the bullet of the former trouble was found encysted, the surrounding tissues being in perfect condition. The Peyer's patches, spleen (congested), and liver proved all signs of malignant typhoid fever.

Dr. Meisenbach presented a dissection of the lymphatic glands of the penis which he had taken from a patient who presented a chancroid on the prepuce. About three fourths of an inch from the symphysis an abscess existed. Perfect union took place.

Dr. W. B. Outten read a paper on, and presented a case of, a compound comminuted complicated fracture of the middle third of the femur. The patient was a young man over whom car wheels had passed about one year ago. At the time the vascularity was found to be intact. He received such a terrific shock that amputation meant death. Dr. Outten brought the parts into as perfect apposition as possible using all antiseptic precautions and establishing perfect drainage. He placed the limb in a Hodgen splint to insure comfort. Later he removed spiculæ of bone and though it required time and patience, yet the limb was saved and the patient said that it was of considerable use and he could walk twelve or thirteen blocks per day with but little discomfort. The reporting of a limb thus saved was an advance in surgery.

Dr. Johnston referred to drainage as modern humbugging and gave quite an interesting talk on pus.

Dr. Broome did not regard the Hodgen splint as one which should be recommended on account of the bad success he had met in its use.

Drs. Lutz, Gregory, Outten, Meisenbach, and McIntyre all endorsed the Hodgen splint and there seemed to be a general impression that the ill success which had attended its use was due to the fact that it had not been applied in a proper manner in those cases in which it apparently did not prove a success.

Dr. Dean referred to Dr. Hodgen's own opinion of the splint which was that it was only of use in the hands of those who were familiar with its workings and its proper application.

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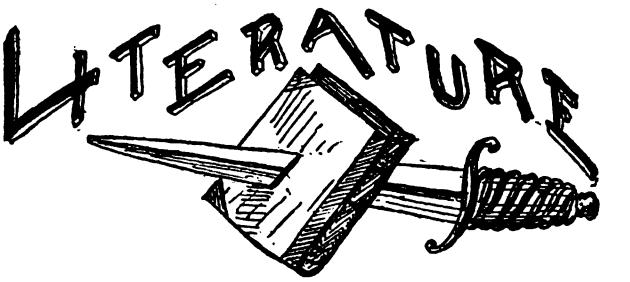
**Formation of Sugar from Peptones.**—Mr. R. Lepine, in a recent note to the French Academy of Sciences, stated that peptones coming in contact with the blood under certain conditions give rise to sugar. This may point to the origin of a portion of the sugar which is produced *in vitro* at 58° C. in the blood of a dog during digestion, or after having been bled. Until now this was thought by many writers to come exclu sively from the glycogen of the blood.

**Patent Foramina Ovalia.**—Dr. Drury showed the Calcutta Medical Society (Calcutta *Med. Rep.*), two specimens of hearts with patent foramina ovalia. In neither case during life was there any cyanosis nor was the malformation suspected. The one was the case of a man about forty years of age, admitted in a moribund condition, suffering from debility, anemia, anasarca and ascites who died within twenty-four hours of admission. In this case a valve-like action obtained at the patent foramen ovale which caused occlusion of the aperture during the auricular systole.

The other case was that of a boy, fourteen years of age who died from the effects of remittent fever.

**Absence of One Kidney.**—Dr. J. S. Thacher reported to the New York Pahtological Society (*Med. Rec.*) two cases of absence of one kidney, and as a proof of this, exhibited the base of the bladder from each case, showing only one ureter. Each of these patients had lived past middle life without showing any symptoms referable to this condition. One died of chronic pulmonary tuberculosis, and the kidney was found to be about double the normal size, and apparently healthy. In the other case the single kidney was the seat of a very extensive chronic nephritis, yet notwithstanding the great damage done to this organ by the long-standing inflammation it was able to carry on the renal function for a long time. This patient also suffered from endarteritis, hypertrophy of the heart, suppurative pneumonitis, acute pericarditis, and cerebral softening.

**Early Symptoms of Neurotic Asthma.**—Before the Congress of Balneology, at Berlin, Goldschmidt made a contribution to the study of neurotic asthma that usually appears about the time of puberty or even later (*Med. Rec.*). Though rare in babies and young children, it does occur at a very early age in subjects showing many other morbid symptoms. Little children who are asthmatic, are nervous, timid, irritable, very sensitive to cold. There is hyperesthesia of the skin and consequent eczema. One symptom shows itself early in future asthmatics, and that is impossibility of deep breathing without coughing. The essential treatment is judicious hydrotherapy, combined with indicated internal remedies. Compressed air combats anemia, relieves the swelling of the bronchial mucous membrane, but frequency and duration of attacks are influenced by it.




**Diseases of the Lungs, Heart and Kidneys.** By N. S. Davis, Jr, A.M., M.D. 12mo. pp. 359. No. 14 in the Physicians' and Students' Ready-Reference Series. [Philadelphia and London: The F. A. Davis Co. 1892. St. Louis: J. H. Chambers & Co., 914 Locust St. Price $1.25 net.

There are probably no organs more important than those whose diseases are sketched in the little work before us. The author, although comparatively a young man yet, has had unusual facilities for the observation of this class of troubles. Having had quite some experience as a teacher his advantages have certainly been of a sufficient magnitude to qualify him for the work he has undertaken. His clinical descriptions are good, and although an air of slight dogmatism may seem apparent here and there, it is simply through a desire to avoid discussions of probable facts that it has been assumed and not from any assumption on the part of the author.

The therapeutical portion is, in the main, quite good. No useless repetition is indulged in, nor are we regaled with an interminable list of remedies and formulæ of more or less doubtful value. We cannot commend him, however, when he makes statements like the following (p. 229): The nitrite of soda may also be used, in doses of 1 to 2 grains of the *pure drug*, or 5 to 8 grains of the *preparation usually dispensed*. He should certainly add that only the pure drug should be employed as this is the only reliable form to use and should be the rule throughout in the administration of remedies.

Altogether this little work is a good general outline of the subject which is considered and is written in a straightforward manner without betraying hesitation or doubt. The author carries conviction with his words, and we have no doubt that this feature alone will make the book popular.

**Over 1,000 Prescriptione and Favorite Formulæ** from Authors, Professors and Practicing Physicians. 12mo., pp. 122. [Detroit: Illustrated Medical Journal Co. 1892. Price, $1.00.

This little book is a compilation of the best formulæ which have been printed from time to time in Leonard's *Illustrated Medical Journal* under the heading of "Favorite Prescriptions." It is copiously interleaved with blank pages for the introduction of such formulæ as its possessor may desire to add, thus making a book

of nearly 300 pages. The index is a therapeutical one to which much attention has been paid and it has been made still more valuable by numerous cross references. It is an excellent formulary and is the more valuable as it contains those prescriptions upon which their authors placed most reliance. As a guide to those who are desirous of perfecting themselves in the difficult art of prescription writing it is certainly a valuable aid. We would have preferred to see the diseases arranged in alphabetical order as this is certainly a more convenient plan for a reference-book of this kind, yet the very full index compensates for this which may, after all, be nothing more than a personal preference.

**All Around the Year 1893** is an exquisite little almanac of fourteen colored cards, held together by rings and tassels, and to be hung by a neat chain, which we have received from Messrs. Lee & Shepard, of Philadelphia. This artistic little bit is sold at the exceedingly low price of 50 cents. The above firm have just issued their catalogue of holiday books, including Artistic Gift Books, and we would recomend our readers to send to them for it, as well as to purchase one of their calendars, which are all fresh, unique, and artistic; and being each one, "a thing of beauty" it will no doubt remain "a joy" for a year, at least.

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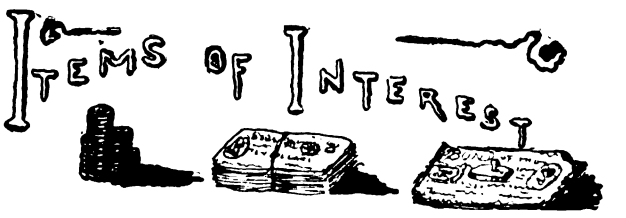
**Saw-wound of the Elbow.**—Dr. A. M. Carledge, reports the following case (*Med. and Surg. Rep.*): Several weeks ago a young man while engaged at some work in a saw mill, fell across a circular saw striking his arm, the saw cut extending across the posterior aspect of the elbow joint in a transverse direction splitting down through the olecranon process, and nearly through the condyle of the humerus; the joint proper was not disturbed; at least you could see the action of both bones of the forearm. It was a typical case for ordinary resection of the joint: After, however, examining more carefully, I concluded I would drain the joint and practice a little experimental surgery on it, having such faith in thorough drainage and asepsis. I drew the triceps down, getting the proper approximation, stitching it with about eight or ten sutures to the base of the olecranon process, which had been entirely sawn through; washed it out with 1-5000 bichloride solution, and put the arm up in not quite complete extension, thinking that if ankylosis occurred, I would have an arm that would have the carrying power developed in a most marked degree. Drainage tube was removed on the tenth day; the dressing I removed on the fourteenth day, that is the second dressing, and was surprised to find the wound nearly healed, pronation and supination perfect.

This case, I think, from a surgical standpoint, is extremely interesting, and, as far as I know it is entirely unique. As I understand, this class of injury is always subjected to resection.




**The University of Vermont.**—Dr. William C. Jarvis, of New York, has been elected Professor of Laryngology In the medical department.

**A Memorial** to the great Swedish chemist, Scheele, will be unveiled at Stockholm on December 9, the 150th anniversary of his birth. Professor Nordenskjold has collected a number of Scheele's letters and manuscripts, which will shortly be published.

**Manchester Pathological Society.**—The annual meeting of this Society was helt at the Owens College Wednesday, October 12, T. C. Railton, M.D., retiring President, in the chair. The following gentlemen were elected for the ensuing year:

President—J. S. Bury, M.D.

Vice Presidents—F. A. Southam, M.B., and W. Coates.

Treasurer—W. Thorburn.

Secretary—T. Harris, M.D.

**The Anglo-American Medical Association.**—The first meeting of the Anglo-American Medical Association took place October 14, and was very well attended by numerous English and American physicians, who are now in Vienna continuing medical study at the General Hospital in various special branches of medicine. The meetings will now be held more frequently than in former year, and it is intended to arrange lectures from time to time keep the members informed of the progress of medicine in their native tongue.

**Messrs. Hale and Miller,** the two gentlemen who ran an apparently remunerative practice in Liverpool, as "eminent American physicians and surgeons," have got into hot water, warrants being out for their arrest on a charge of obtaining money by false pretenses (*Hosp. Gaz*). Incredible as it may seem, their impudent advertisements brought them large numbers of patients, described as mostly of the well-to-do kind, some of them driving up in cabs, and even in private carriages. The fees they asked, and in some cases received, were by no means on the cheap dispensary scale, five guineas and upward being the price at which, under favorable circumstances, they placed their skill. Hale, who seems to have blossomed forth from a blacksmith's help into an "eminent American physician" with the briefest of transitions, has been arrested in Belfast. It remains to be seen whether their acts amount to false pretenses, for credulous patients must remember the maxim *caveat emptor*.

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**A Medical Martyr.**—We regret to announce that Dr. Onanoff, assistant in Professor Lukjanoff's pathological laboratory at Warsaw, and a young scientist fast rising into fame for his work in the domain of neurology, has fallen a victim to cholera at Lentschona, in the Lublin Government, where he had volunteered for medical service in the outbreak of the epidemic.

**Deficient Accommodation in London.**—The difficulty of finding accommodation anywhere for London patients continues to be felt, and the Commissioners remark that they cannot now report that any further action has been taken by the London County Council to make the necessary permanent provision for the insane poor beyond advertising for an estate as a site for another asylum.

**New Code Society.**—At a recent meeting of the Toledo Medical Association Dr. Bernard Becker read the following resolution:

*Resolved*, That no member of the Toledo Medical Association shall be allowed to hold consultations, or to sustain any like professional relations with any practitioner of the healing art, who does not hold a diploma from a regular medical school in good standing. Any member shall be officially censured, invited to withdraw, or expelled, for violations of this rule.

After some discussion, Dr, William Cherry offered the following amendment to Dr. Bernard Becker's resolution:

That it is against the sense of this Society that any of the members shall, except in emergency, consult with a practitioner not qualified for admission to it.

The amendment of Dr. Cherry was voted on and lost.

The resolution of Dr. Becker was voted on and lost.

**Alvarenga Prize of the College of Physicians of Philadelphia.**—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income fer one year of the bequest of the late Senor Alvarenga, and amounting to about $180, will be made on July 14, 1893, provided that an essay deemed by the Committee of Award to be worthy of the prize shall have been offered.

Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the Secretary of the College on or before May 1, 1893.

Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within it the name and address of the author.

It is a condition of competition that the successful essay or a copy of it shall remain in possession of the College; other essays will be returned upon application within three months after the award.

The Alvarenga Prize for 1892 has been awarded to Dr. R. H. L. Bibb, of Saltillo, Mexico, for his essay entitled "Observations on the Nature of Leprosy."

**Locomotor Ataxia.**—A modification of the suspension treatment of tabes consists in the forcible flexion of the thighs of the abdomen, the kness being held extended. The maneuver sometimes causes severe pain, but no other untoward symptom has been reported from its use.

**A Costly Error.**—A Berlin druggist's assistant dispensed caustic soda instead of silicate; and a Berlin doctor applied it to a child's leg, and never found it out until his own fingers began to hurt during the next night. The child's leg had to be amputated to save its life. The druggist and one assistant were fined $75; another assistant, $25; and the apprentice, $7.50.

**The Trade in Quack Medicines.**—Instruction and food for thought and speculation may be derived from perusal of the recent returns of the English Commissioners of Inland Revenue. It appears that the Treasury has within the past year "fobbed" no less than £240,000 from stamps on patent medicines, and the revenue from this source has increased within a single year by over £14,000. The number of licences issued for the sale of these medicines has also increased within the year by nearly 1,500, the total number of persons trading in these wares being now over 30,000, from whom the Treasury received over £7,000 for license duty alone. It is thus evident that the trade in quack medicines is rapidly growing, but it appears also that the consumers of these concoctions are most largely English. The new licenses in England within the year were over 1,400 in number, while those in Scotland numbered only 111. It does not seem that the quack trade in Ireland is worth noticing, for we do not find any mention of either increase or decreate in the Revenue returns.

**Graceful Gratitude.**—The fitness of things does not often find more apt or more eloquent expression than that which reaches us through the medium of a recent kindly action of the well-known singer, Madame Nilssen. Many years ago, so the story runs, the voice, then in its childhood, which has held in silent admiration so many audiences, was often exposed to the wintry weather of a northern home. On one occasion an attack of acute laryngitis had nearly extinguished it for ever, but the care afforded by a neighboring hospital preserved for later times its still unawakened melody. The assistance then given was not unacknowledged, and a sum of £1000 contributed towards the founding of a Parisian throat hospital attests today the gratitude of the illustrious singer and her sense of the priceless aid once rendered her by the medical profession. Her debt has in a great measure been already cancelled by the pleasure which her melodious notes have given to listening thousands, but there is nevertheless a singularly appropriate grace about this last expression of her feeling. Undoubtedly it has been rendered with excellent taste.

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**A Cutaneous Pastime** is no better than a skin game.

**Dr. J. May Donegann** died at Villa Rica, Ga., October 28.

**There are not** too many doctors in the world, but there too many who pretend to be such.

**Dr. Beerwald** has been appointed Oberarzt of the Breslau Hospital in place of Professor Rosenbach, who has resigned.

**A Leper House,** with accommodation for fifty patients, will shortly be opened at Nennal, on Lake Peipus in Livonia.

**Western Australia.**—Three new hospitals are being erected in the colony—namely, at Katanning, Newcastle and York.

**Professor McEwen** has been appointed one of the visiting surgeons to the Western Infirmary, Glasgow, in the room of the late Sir George McLeod.

**Dr. Miles H. Dodge** died suddenly in his room, New York, November 1. He was found lying unconscious on a sofa when a servant went to announce a caller to him.

**Dr. L. L. Alston,** a graduate of the University of Louisiana, a prominent physician and an old citizen of Dallas County, Ala., died at his home in Orrville, Ala., October 16.

**Dr. J. S. Saunders** died August 28, 1892, at his home in Bonham, Texas. Dr. Saunders was one of the old, pioneer members of the medical profession in Texas, and was well known.

**The First Meeting** of the Epidemiological Society of London was held November 16. Dr. J. F. Payne, President, delivered his inaugural address on Tuberculosis as an Endemic Disease.

**The Second Anatomical Institute,** of Berlin, is now finished. It is under the direction of Professor Hertwig and will be devoted mainly to microscopical anatomy and development. Dr. van Ackeren has left the Second Medical Clinic for Chicago and Dr. Vogel has been appointed to his post.

**Any Person** may expose his body, if he chooses, with a due regard to decency, and with the permission of the court; he cannot be compelled to do so, in a civil action, without his consent. But if he unreasonably refuses to show his injuries when asked to do so, that fact may be considered by the jury as bearing on his good faith, as in any other case of a party declining to produce the best evidence in his power.

**A Half-Ounce of Ground Quassia,** steeped in a pint of vinegar, is recommended highly as a cure for drunkenness. A teaspoonful in a little water should be taken every time the liquor taste is felt. It satisfies the cravings and produces a feeling of stimulation and strength.

**Poisoned by Nitrous Oxide.**—Miss Lizzie Lots, the daughter of Mr. Otto Lots, a prominent citizen of Covington, Ky., is now at College Hill Sanitarium receiving treatment for her mind. The family claim that Miss Lots became insane through taking nitrous oxide gas for the extraction of two teeth while visiting at Indianapolis.

**A Russian Physician** declares that strychnine is an infallible cure for drunkenness, administered in subcutaneous injections. He asserts that the experience of physicians has shown the cure to be as rapid as it is certain. The effect of the strychnine solution is to change the craving for drink into positive aversion, and this change is effected in a day. After a treatment of eight or ten days, a patient may be discharged. The strychnine is administered by dissolving one grain in 200 drops of water; and injecting five drops of the solution every twenty-four hours.

**A New Pasteur Institute.**—The Mayor of New York recently laid the corner stone of the New York Bacteriological Institute which Dr. Gibier is building at Ninety Seventh Street and Central Park West. The building will be 26 x 95 feet, and five stories high, with a basement. It is hoped to have it completed by next January. The free treatment of persons suffering from rabies will be continued in the new institute, although it is from the treatment of private patients that the expenses of the bacteriological department will be met.

**Medical Society of the County of New York.**—The eighty seventh annual meeting, October 24, was devoted to the election of officers and reading of reports: The election resulted as follows:

President—C. C. Lee.
First Vice President—William Stevens.
Second Vice President—Robert Abbe.
Secretary—Charles H. Avery.
Assistant Secretary—William E. Bullard.
Treasurer—John S. Warren.
Censors—G. H. Fox, A. S. Hunter, L. C. Gray, C. H. Knight, R. Van Santvoord.

The annual dues were continued at three dollars. The Treasurer's report showed a balance in the treasury. The propriety of taking steps to acquire a permanent home for the Society was discussed. Among the good results of publishing a directory was that it had led to prompt payment of dues, there being at present about one-tenth as many delinquents as formerly. No prize was awarded for essays.

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**It is said** that, in consequence of the small fees and incomes of physicians in Germany, the number of medical students has decreased during the last year or two.

**The Fifth** quarterly meeting of the Northern Ohio District Medical society will be held at Elyria, Ohio, Thursday Dec. 1, at which time a most excellent program is in store for its members.

**Enterprise.**—It remained for a Detroit optician to advertise that he used the ophthalmoscope, the dark room, and all the apparafus of the oculist, and charged nothing for the skill and labor to the people who patronized him and bought his glasses.

**The Medical Summary** is another one of our esteemed contemporaries which has yielded to temptation. Its last number contains the extended advertisement of the great Cincinnati fake. We are still on the lookout for more weak brethren.

**Similia** is either a truth or a falsehood says the *Medical Current*. "It either means that remedies cure symptoms similar to those they produce or else it is a humbug. When we read the reports of some medical societies we confess to a doubt as to the truthfulness of the homeopathic law", and we stop right here, and say, Amen.

**Acetate of Alumina,** which is rarely, if at all, used in this country, possesses anti-fermentative principles which are equal to those of corrosive sublimate, if we are to believe the statements of Billroth, Paul Bruns and Marion Sims. It is superior to most other antiseptics in this regard, and superior to all others on account of being nonpoisonous.

**The St. Joseph Medical Society.**—St. Joseph has again organized a medical society. How long it will live remains to be determined. We hope its life will be long, and its workings harmonious and profitable says the Western *Med. and Surg. Rep.* We cannot understand why it should be otherwise. The physicians of that city are men far above the average in profes sional attainments, and an organization of this kind ought to be well sustained, with mutual advantage to all.

**A Novel Love Potion.**—The colored race furnish some very peculiar ideas on the subject of love potions and powders, but the following is one that is entirely new to us. A dark-colored damsel mixed some of her menstrual blood with the coffee of the colored gentleman she wished to influence. The explanation she gave for so doing was that it would keep him true and excited. We can readily see how the latter effect might be produced were he cognizant of the nature of the material taken.

**On the First Wednesday** in December the Executive Committee of the Eye, Ear, Nose and Throat Hospital of New Orleans, will elect four resident surgeons, to serve from January 1, 1893, to January 1, 1894. Physicians desirous of availing themselves of the great facilities offered by this institution should send in their applications to Mr. Jos. A. Hincks, secretary, 29 North Rampart street.

**Dr. C. King,** representing the Drevet manufacturing Co., of New York, is in St. Louis sampling the physicians with Marchand's Peroxide of Hydrogen and Glycerine. It is unnecessary for us to bespeak a cordial reception for Dr. King as he is not only well-known personally, but he has the good fortune to represent a company well-known for the character of its remedies which are the products of the scientific researches of Chas. Marchand one of the foremost chemists of the age.

**London Specialists.**—Dr. William E. Briggs, writing from London to the Occidental *Medical Times*, is rather severe on certain of the physicians of that town who are known as specialists in various branches. For example, he says: "A number of men who have done much for ophthalmology in London have died during the past fifteen years, and among their successors there is no one conspicuous as a scientist, original investigator, teacher, or operator. In the throat hospitals one sees some good work, but of the treatment of the ear the less said the better."

**The Chicago Gynecological Society** held its fourteenth annual meeting at the Grand Pacific Hotel, Friday evening, October 28, 1892. After the banquet the topic for discussion was: "How Best May we Further the Interests, Scientific and Social, of the Society, During the World's Fair Year?" Officers for the ensuing year were elected as follows: President, Dr. E. J. Doering; First Vice-President, Dr. F. Henrotin; Second Vice-President, Dr. Franklin H. Martin; Secretary, Dr. Henry Parker Newman; Treasurer, Dr. A. H. Foster; Editor, Dr. W. S. Christopher.

**A Death-Bed Joke.**—It is not often that a man on his death bed is guilty of practical joking; but a story is reported from St. Louis, in which a man named O'Reilly, dying of phthisis in a crowded hospital, told a benevolent lady who visited the hospital with her daughter that he had made a will leaving the daughter $3,000. By the influence of this lady, he was moved to a comfortable infirmary. Having found his little trick so successful, he tried it again upon the sisters, saying that he had amended his will, and left half of his property to the institution. He was well cared for and properly buried, and it was not until some time after his death, when a dispute arose between the charitable lady and the infirmary, that it was discovered that he had absolutely nothing in the world.

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**When a Patient** is doing reasonably well under treatment, do not try to improve upon it, but let well enough alone.

**Queen Victoria's Ostrich** has been homesick, necessitating the administration of castor oil. Shortly after the dose the royal bird became quite animated.

**A Nomenclature in Zoology** to be accepted throughout the civilized world will be the object of the labors of a committee appointed at the recent Zoological Congress held in Moscow.

**Eugene L. Crutchfield,** M.D., F.S.Sc, Lond., has been appointed Lecturer on Applied Therapeutics in the Baltimore University, School of Medicine, to begin his course of lectures this month.

**The Population of Japan** has increased from 33,110,000 in 1872 to 40,070,000 in 1890. Should this rate of increase continue this country will have 80,000,000 inhabitants in fifty-three years.

**Cure for Leprosy.**—Dr. J. Carreau claims to have had excellent results in the treatment of leprosy from the internal use of chlorate of potassa. He gives from 10 to 30 grammes (150 to 450 grains) daily for three days.

**Dr. Robert W. Greene,** of New York, died suddenly October 28. He was born in Providence thirty-two years ago and was graduated from Brown University and, in 1887, from Bellevue Medical College. For a time he was an assistant to Dr. Janeway.

**The Orfila Prize** for 1892 has been awarded by the French Academy of Medicine to Dr. Kaufmann of the Veterinary School of Alfort. His discovery that a one per cent solution of chromic acid is an unfailing remedy for viper bites was the reason of his winning the prize.

**Migargee's Beard Producer** is an extensively advertised quack remedy in Germany made by Martin Boesse, of Cologne. He was recently sued for failure in producing the results claimed and a court condemned him to pay a fine of 3000 marks. The beardless fools seem to be protected by the law when their lack of sense leads them into pitfalls of the above nature.

**St. Luke's Hospital.**—The annual meeting of the Board of Trustees of St. Luke's Hospital, New York, was held on St. Luke's Day, October 18. Dr. Frederick Barnard, who has been Assistant Superintendent for the past twenty three years, tendered his resignation on account of ill-health. Dr. L. Bolton Bangs resigned his position as attending surgeon, and he and Dr. Frank H. Markoe were appointed consulting surgeons.

**The Medical Directors** of insurance companies know a great lot, and yet they canno quite understand how an applicant can be sick enought to claim a pension from the United States Government, and well enough to claim a first-class policy from an insurance company (N. Y. *Med. Ex.*). Applicants of this class remind one of the widow who bases her pension upon the fact that she married a soldier, notwithstanding the wedding was celebrated long after the war.

**The Undertakers,** through their official association of Paris, require their employes to take all precautions against cholera infection, and it is stated that during the past forty years not a single employee has died of cholera, notwithstanding they are in daily contact with corpses of all classes. Each employee, before attending the funeral of any person where cholera is proved or suspected takes a wineglassful of a solution of 12 drops of peppermint, 12 grams Sydenham's laudanum and 200 grams sugar in one liter of a mixture of four parts alcohol (36°) and six parts water.

**Insuring Against a Sudden Increase in the Family.**—A company has recently been organized in London, the ostensible object of which is to insure married people against twins and triplets. A married man expecting to become a father must deposit £5 to become a policy holder. In case the policy-holder's wife has twins he will receive £50; in case she has triplets, £75. The company is called the "Provident Bounty Association." It has issued a prospectus calling attention to its conditions of issuing policies, which it says are simple and are intended to appeal especially to the lower middle class, including young book-keepers, shop clerks, and small tradesmen.

**Count Mattei on the War-Path.**—Recently the *Medical Press* received a peremptory letter from a firm of solicitors acting on behalf of Count Mattei demanding, under threat of an action for libel, an ample apology for certain editorial comments on this nostrum and the claims advanced in respect of its efficacy, the said apology to be forthcoming before eleven o'clock. In reply to this demand the *Medical Press* said "that it would be highly inconvenient to publish a special edition of the *Medical Press and Circular* for the express purpose of recording our submission at such brief notice. We ventured to point out, moreover, that if in condemning the treatment and the methods by which it is sought to captivate the confidence of the gullible, we have unwittingly incorporated statements at variance with the truth, we are always willing to rectify or explain. It remains to be shown in what respect we have overstated the charge; which is simply that the remedy is utterly valueless for the purpose for which it is recommended, and that it is, in every respect a delusion and a snare. From this position we are not prepared to retire."

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**The Cultivation** of the erythroxylon coca has been introduced into Hindustan. It grows like a weed in Madras, and the leaves are said to yield a cocaine fully equal to that obtained from the American coca.

**Edwin Gould,** a son of Jay Gould, was married on October 26 to Miss Sarah Cantine Shrady, a step-daughter of Dr. George F. Shrady, Editor of the New York *Medical Record*; the ceremony took place at Dr. Shrady's residence on 66th Street, near Central Park

**The Only** regular Chinese physician in the United States has just registered at the Health Office in Brooklyn, N. Y. He is Dr. Joseph C. Thoms, and has his office at 336 Greene avenue. He graduated from the Long Island College Hospital with honors at the last commencement. He is about twenty-five years of age.

**The Statement** that the arc electric light is not blue, but as nearly as possible that of daylight, will be a surprise to many. The most probable explanation seems to be that the nerves of the eye, which are sensitive to yellow light, become fatigued towards night, as yellow light predominates during the day. The arc light looks blue, both by contrast to the yellow and because the nerves, sensitive to blue light, are rested, and therefore more acute.

**Fire at an Anatomical Museum.**—The anatomical collections of the Karolin Institute in Stockholm have been seriously damaged by fire. The valuable series of Swedish skulls and skeletons is completely destroyed. By the strenuous exertions of the firemen some of the other collections were saved, including the embryological series. There was, however, very serious damage done to the valuable collection of Egyptian and Lapp skulls made by Professor Retzius.

**A Letter from Paris** states that a French army officer desired to become a doctor, and to this end he consulted a philanthropic individual who had "assisted" several persons in passing their examinations. His method was simple and effective. He took the name of his client and stood the examination himself. But "practice makes perfect," and the "assistant" passed so high an examination that the case was looked into and his identity discovered. The jury, however, acquitted both after trial. This was in France.

**The Profession in Australia.**—Under the heading "Medical Profession" are included "physicians, surgeons and druggists." In 1881 there were 1595 such persons in the colony. In 1891 the number had increased to 3474. In 1881 the proportion to the population was 1 to 540; in 1891 it was 1 to 328. That there has been a large increase in druggists and quacks is undoubted, but there has also been an abnormal increase in the number of qualified medical practitioners, so that now the number of doctors in the colony is out of all proportion to the population.

**The Coloring of Oranges.**—According to *Le Progres Medical*, a new industry has sprung up in Paris. It is that of transforming ordinary oranges into blood oranges by injecting into them Biebrich's scarlet, or rocelline, a harmless agent obtained from diazobenzol in a solution of B-naphthol.

**Medical and Surgical Society of the District of Columbia.**—Officers elect for the session of 1892--93: President, Dr. J. Wesley Bovee; Vice President, Dr. F. T. Chamberlin; Secretary and Treasurer, Dr. Llewellyn Eliot, 1106 P street, N. W.; Executive council, Drs. F. B. Bishop, Johnson Eliot, L. K. Beatty, E. L. Morgan, and Llewellyn Eliot.

**Libelling a Midwife.**—A midwife in Partick brought an action last week against a Dr. Edward Coyle, for slander. She had attended a premature labor case before the defendant had been summoned, and, according to her own account, had given the patient half a teaspoonful of ergot of rye—"labor tea." The patient was suffering as well from a festering thumb, and shortly after gangrene set in and she died. Dr. Coyle on being summoned gave his opinion that the "labor tea" was the chief agent in producing the gangrene and death. The jury gave a verdict in favor of the midwife, awarding £65 damages.

**The Survival of the Unfit.**—In the *Popular Science Monthly* Dr. H. D. Chapin has published an interesting paper in which he reviews the statistics of the defective class in this country (*Ex.*). He calls attention to the fact that, while the total population of the country increased but thirty per cent during the decade 1871--80, the defective class increased one hundred and fifty-five per cent. During the decade 1880—1890, the percentage of insane in public and private institutions had increased more than seventy-three per cent. During the same period there was a slight decrease in the number of paupers in alms-houses, nearly three fifths of the paupers being foreigners. The number of convicts in penitentiaries increased during the decade more than twenty-seven per cent., while the general population increased only twenty-five per cent. The number of inmates of juvenile reformatories increased more than twenty-nine per cent. The author considers that weak character and environment bring out the unfittest elements, and that society by its treatment hastens to provide for their survival. He urges that our energies be devoted to combating the conditions that produce this class, and that the representatives of it in existence should be permanently isolated from the rest of society, as they are in Ohio, where conviction for a third criminal offense may entail a life sentence. This is not done to punish the offenders, but to permanently quarantine all "cranks, tramps, and generally worthless beings." Social sanitation should simulate the principles of maritime sanitation: first prevention, then isolation.

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**The Calumet of Peace.**—The late M. Xavier Harmier has left many small annuities to buy cigars, he having noticed in his travels that poor men were always contented and free from uncharitable and wicked thoughts when smoking, however hard their circum stances. The tobacco pipe, he thought, was truly, as the Indians called it, the calumet of peace.

**Gonorrhea in the Army.**—An anonymous contributor to the *Times and Register* says: During the last twenty years I have had but a limited practice in gonorrhea, not desiring to have much to do with it. However, a statement of my treatment of it while I was an army surgeon may be of some interest. The purveyor failing to honor requisitions for the usual balsams, nitrous ether, etc., I administered in lieu of the regular formulas a mixture of soda, bicarb., or potass. chlor., made up with spirits of turpentine and tinc. opii into an emulsion. The treatment was effective. Of course, I saw but very few cases in the first stages of the disease. No attempts were made to abort, and no syringes were prescribed, as the army medicine chest had them not Whether many or any of these cases were of the bastard variety I should not like to say. I am persuaded, however, that every man who took the disease did so under circumstances the most favorable for acquiring a "genuine Confederate clap."

**A Modern Disciple of Paracelsus.**—My uncle Toby considered that the secret of human happiness lay in the possession of a soul satisfying hobby, the more recondite and unattractive to the eyes of the "average sensual man" the better. From the hobbyhorsical point of view, the late Dr. Edward Schubert, of Frankfort, who died on August, 13th, must in this sense have been one of the happiest of men. To satisfy the vulgar needs of the body he condescended indeed to practice medicine, but in the higher spiritual sense his life was passed with the inspired quack of the fifteenth century—Paracelsus—or, to give him his full style and title, Philippus Aureolus Theophrastus Bombastes von Hohenheim, whose works he turned over with daily and nightly hand for many years. Schubert, who was known in Germany as one of the greatest living authorities on Paracelsus, collaborated with Dr. Carl Sadhoff, of Dusseldorf (another general practitioner, by the way) in a work entitled Paracelsus-Forschungen (Paracelsus investigations) which was published at Frankfort in two parts in 1887–89. Schubert supplied his colleague with a vast amount of bibliographical material. He has left behind him what is believed to be the largest collection of literature relating to Paracelsus in existence, besides numerous works on pharmaceutical alchemy. This unique library, in the collection of which Dr. Schubert must have spent a considerable sum of money, will shortly be sold.

**Now** is the time to subscribe for the MEDICAL REVIEW.

**Mucous Patches in the Mouth.**—A certain amount of relief may be afforded by the frequent use of a gargle and mouth-wash, as follows (*Med. Bull.*):

℞ Acidi borici, - - - - - ℥ij.
Glycerini, - - - - - - ℥ij.
Tr. myrrh, - - - - - ℥j.
Aq. rosæ, - - - q. s. ad ℥viij.
M.

Or,

℞ Sodii biborat., - - - - - ℥jss.
Sodii bicarb., - - - gr.xxx.
Thymol, - - - - - - gr.iij.
Glycerini, - - - - - - ℥j.
Aq. laurocerasi, - - q. s. ad ℥iv.
M.

**First Stage of Pneumonitis.**—The following appears in an exchange (*Med. and Surg. Rep.*):

℞ Tr. veratri viridis, - - - ♏xl.
Tr. cinchonæ comp., - - - ℥j.
Potass. acetatis, - - - ℥ss.
Morphia acetatis, - - - - gr.j.
Aquæ dest., - - - q. s. ℥ij.
M.
Sig. ℥j every two hours.

**Facial Neuralgia,** according to Professor Liebreich, is relieved by the following (*Med. Rec.*):

℞ Butyl-chloral, - - - gr.xl–lxxv.
Alcohol. rect., - - - - - ℥ijss.
Glycerini, - - - - - - ℥v.
Aquæ dest, - - - q. s. ad ℥iv.
M.
Sig. From two to four teaspoonfuls, p. r. n.

**Diphtheria** is prevented in a measure from spreading, according to Dr. J. Lewis Smith, by keeping a quart of water containing two tablespoonfuls of the following solution simmering on a stove in the room:

℞ Acid carbolic.,
Ol. eucalypti (Sander & Son), - aa ℥j.
Spt. terebinth, - - - - ℥viij.
M.

**Mixture Against Vomiting.**—The following appears in the *Times and Register*:

℞ Menthol, - - - - - - ℥ss.
Alcohol, - - - - - - - ℥ss.
Syrup, - - - - - - ℥iijss.
M.
Sig. A teaspoonful every hour.

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**Her Husband was a Gentleman.**—Old lady (to chemist)—I want a box of canine pills!

Chemist—What's the matter with the dog?

Old lady (indignantly)—I want you to understand, sir, that my husband is a gentleman.

Chemist puts up some quinine pills in profound silence.

**Homeopathic.**—Oh, papa, dear, I wish you'd come home. I'm really afraid mamma has taken a drop too much——"

Gracious heavens, child, what do you mean?

That new homeopathic medicine, you know. I'm afraid I've given her seven drops instead of six.

**Somewhat Shady.**—Clerk (to patent medicine man)—Here is a curious credential from one of our customers.

Medicine Man—Before I took your elixir my face was a sight. You ought to see it now. Send me another bottle for my mother-in-law.

**A Man** was being wheeled away with the dead, at a time of an epidemic. The victim suddenly raised his head and demanded of the man who was taking him along the street, where he was taking him to? "To the dead house," was the reply. "But I am not dead," said the poor man. "O, you be quiet," said the man who was pushing him along, "I guess the doctor knows more about this than you do, and he says you are dead."

**Irish Veracity.**—The Irish are so proverbially truthful that there is veracity to be found even in their lying, as the following will amply prove. In an Irish daily there recently appeared this advertisement:

"Wanted—A gentleman to undertake the sale of a patent medicine; the advertiser guarantees it will be profitable to the undertaker."

Would that all patent medicine advertisers were equally truthful!

**A Holy Terror.**—A subscriber sends us the following: At Newnan, Ga., a country-woman called at Rees' drug store for a plaster for her back. When asked what brand she would have, she said, "The kind with holes in them." The innocent clerk modestly replied, "Here is the kind you want—Allcock's have holes in them." A bevy of school girls, who were after chewing-gum, roared with laughter. The clerk and the country-woman could not see the opening for the girls' hilarity.

**The St. Louis and Chicago Electric Road** have completed six miles of its grading in Christian County, Illinois, and work will begin at once in Livingstone County and at the Chicago end.

**Meeting of the International Medical Congress** (American Public Health Ass'n).—In the City of Mexico, Nov. 29, 30 and Dec. 1 and 2, 1892. The elegant special Pullman Car to convey the delegates and their families from St. Louis to the City of Mexico and return, will leave St. Louis Nov. 19, 8:20 P. M. The car is rapidly filling up. Among the number who have engaged space, are: Dr. C. M. Hewett, wife and daughter, Red Wing, Minn.; Prof. DeLaskie Miller, Chicago; Prof. R. C. Kedsie, Michigan; W. A. Morrison, St. Louis; Dr. E. S. Cook, Mendotte, Ill.; Dr. C. C. Hunt, Dixon, Ill.; Mrs. L. Miller, Cincinnati. Receptions will be given the party at Hot Springs, Ark., San Antonio, Tex. and other points. Meals will be served on the special car at net cost. No such arrangements for a luxurious trip at so slight an expense, have ever been offered. Applications for space in this car should be made at the earliest moment possible. For further information, maps, time tables etc., address: S. W. Elliot, C. T. A., Mo. Pac. Ry., Northwest Corner Broadway and Olive St., St. Louis, Mo.

**A Trip to Mexico.**—Grand Excursion November, 1892.—At this season of the year, Mexico, with its congenial winter climate, historic points of interest, etc., command the attention of the well informed tourist in search of health, pleasure and recreation. A splendid opportunity for a trip to the quaint old Republic will be offered to the people at large on the occasion of the Annual Meeting of the American Public Health Association, and International Medical Congress which convenes in the City of Mexico, November 29, 30 and December 1 and 2, 1892.

The remarkable low rate of one fare for the round trip will be in effect via the Iron Mountain Route, and tickets will be good to return until December 31, 1892, with choice of going one route and returning another. A number of parties have already decided to join this excursion, and applications for accommodations should be made early in order to avoid all inconveniences.

For circular descriptive of the trip, giving more detailed information relative to rates, itinerary of special train, and points of interest reached on the journey to the City of Mexico, also an elegant illustrated and descriptive pamphlet, address Company's representative in your territory, or H. C. Townsend, G. P. A., St. Louis, Mo.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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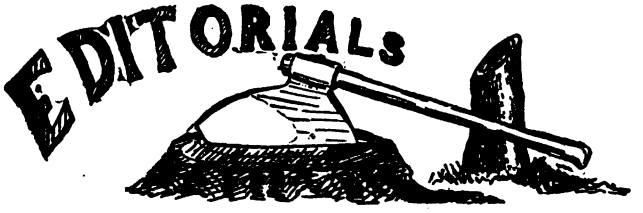


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## The Scope of the "Review."

Our readers may remember that a little before the MEDICAL REVIEW was changed in its character so far as its reading contents are concerned, we endeavored to outline the course which it was intended should be pursued. It appears, however, that this was not fully understood by the majority; and, it is for this reason, that we have decided to revert to the subject once more, in order to more fully explain the purpose and scope of this journal. As its name plainly indicates it is to be a review of current events in medicine and surgery as well as of the progress achieved in the various branches of the healing art. It is a self-evident fact that all progress is due to, and achieved by, the individual members of the medical profession. Each one is fully capable of adding his mite and the reunion of these many small contributions is what makes the whole of value. In proportion to the number of these contributions is the value of the entire greater and it is on this account that efforts are made to gather these individual contributions by the only methods available—medical societies and medical journals. The latter are of greater value because they place the material so acquired in a more stable and permanent form, thus rendering the task of referring to them, in the future, more easy, as well as ensuring greater accuracy in reference.

Every physician, who has practiced any length of time, has had the opportunity of observing interesting cases, or has devised methods of treatment which he has found more satisfactory than the ones in ordinary use. Or, perchance, he has devised some little "tricks," or expedients in cases of emergencies which his fellow-practitioners would be too glad to adopt were they acquainted with them. There are thousands of such interesting notes which never see the light of day simply because their originators look ubon them as too elementary to mention; whereas, the truth is that their very simplicity would popularize them and ensure their more or less general adoption. It is this diffidence upon the part of the majority of the profession which has worked the greatest harm to it. It is this literary bashfulness which has brought so much opprobrium upon the "country" practitioner, whom we have found to be a man of many resources and always ready for emergencies, and who is full of experiences of a character which would open the eyes of his city colleague did the latter only have an opportunity of becoming acquainted with them. For practical ideas and adaptation to circumstances with but limited resources the country doctor is certainly *facile princeps*. The more elaborate methods and researches of the city man are certainly of the highest value as well and, in but too many instances, these also remain a sealed book to the generality of the profession. These things are certainly not what they should be. The very things which all are desirous of learning cannot be found in the books, and the only possible method available for their diffusion is the medical journal. Yet, unless they be contributed to the journals they cannot see the light of day.

The scope of the REVIEW is to give publicity to just such things. It is desirous of giving place in its columns to such matter, for it possesses a living, vital interest to all. We are desirous of obtaining all the short, practical articles which we can possibly get and for these we must depend upon physicians. The scope of the REVIEW is not to give merely what has already been published as much as it is to publish those unwritten experiences which have befallen all. This constitutes a

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living review of matters medical, having a vital importance to all who read them. That is one of the reasons that original communications of a lengthy character were discarded, as they are set in character, more or less dogmatic in style, and deprive the reader of the pleasure of forming his own conclusions. Short, incisive accounts will be read with pleasure by the busy practitioner, where long papers will be avoided on account of their ve. length. Another advantage accruing from the publication of such contributions is the fact that the recital of a single interesting case will be the starting point for the review of the subject by others who have had similar experiences thus leading to a recital of a mass of experience such as does not come within the purview of any single individual no matter how exceptional his facilities may have been. In addition to this, it will give rise to the recital of other matters properly coming in the domain of medicine and surgery and give an added interest to the personal work of each one and a zest to keep on with the good work. To our minds, this would constitute a review in the true sense of the word and one of the highest value to all.

But it must be borne in mind that we "cannot make bricks without straw." To attain such a desirable consummation it is absolutely necessary to secure the co operation of the profession. Without its aid but little can be accomplished in this direction and the proper scope of the REVIEW will remain but a mere unfulfilled desire. Give us but something and you will be repaid ten-fold. The profession owes it to itself to do this and we cannot understand how it is that it has always refrained from coming out boldly and performing this duty when no other is permitted to pass by undone. Excuses are numerous enough but they are not valid ones in our mind. Some say, for instance, that they have no time. Yet, the opportunity presents itself occasionally when a half-hour could be easily spared to jot down a short, practical note, or a bit of experience that would be heartily enjoyed by brother practitioners. Others again say that they cannot write, or do not know how to do so. We say to them, tell it as best you can and it will be put in shape for you, if required. We are almost certain that the editorial work entailed in this manner would be light indeed. Cast away such fears and become contributors to the REVIEW, 10,000 copies of which are issued each week. You will find it a friend quick to find good points in your contributions and slow at carping criticism.

In conclusion, we can but express our thanks to those who have contributed to our columns for the past year and we hope to see the number increase to proportions such as to encourage others to follow such a good example. Whilst we know that the beginning is always the most difficult, when once it is made, every one will be attracted to imitate the good example set before him and will follow the work of others by contributions of his own. All the good that may be thus wrought is incalculable, and if criticism is indulged in it shall always be in a friendly spirit from some contributor who will be quick to discover faults if any exist, or to substantiate the good points which have been brought forward. But the scope of the REVIEW must be enlarged and enhanced by the profession and in order to accomplish this desirable object, contributors of short, practical articles and of daily experiences must aid us.

**A Misguided Temperance Apostle** is what the *Lancet-Clinic* dubs Murphy. It goes on to say: We regret to note that Francis Murphy, the celebrated temperance lecturer, is conducting a series of meetings in Cincinnati. We regret this because he is here to boom "the Keeley Cure" (?), for he ascribes "salvation from drink to the grace of God and the wonderful Keeley cure." Our impression is that if the former is inefficient, there is no use of trying the latter; and we decidedly object to the two being coupled together in the above sacrilegious manner. If there is anything on this footstool that the grace of God is not sufficient for, it must be the methods adopted by these institutions.

When it is known that one of the chief supporters of these meetings is a man who has purchased the right to use the "Keeley Cure" (?) in the State of Ohio, and that he is farming this privilege out for the sole purpose of gain, we say that we believe these meetings are a delusion and a snare, and that Francis Murphy is being used as a tool to increase the revenue from the Keeley institutes. We are in doubt as to whether Mr. Murphy knows this or not, but if he is cognizant of the part he is playing, he ought to be ashamed of the prostitution of his talents. There is nothing in common between Christianity and Keeleyism, and we advise all those who respect the former to avoid being led into these meetings. These meetings strike us as being for revenue only.

**Honesty in Experimental Research** is commented upon in the following manner by the *Journal of the American Medical Association*: The readiness with which the results of experimental research are received by the scientific public depends largely upon the reputation and known veracity of the investigator. From some men the most remarkable annoucement will at once be received without question, the acceptation of their statements being based upon the previously formed opinion of other workers, who, having repeated former experiments, find them to be correct. Upon the other hand results from certain other investigators would immediately receive criticism. The spirit of dishonesty may make itself felt in two ways, upon the side of experiment, and upon the side of the result obtained. There are those who propose certain problems to themselves, proceed to arrange experiments and then make them conform to the end they have in view. Sometimes this proof may be correct but again, upon approaching the subject from another direction, very apparent differences may be shown. Results evidence dishonesty when they do not conform to the experiments, or are willfully misstated. This last is indeed

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the greater evil, because, when the data advanced are disproved, a controversy as to personal truthfulness may arise. Debate should always rule the discourse of science, and not controversy.

The cause of this occasional dishonesty may be sought for in a desire to obtain notoriety, or in a frequent wish to make gain out of failures.The honest worker is he who never hurries, accepts nothing as settled, and who does not grasp at his conclusions. Sometimes in practice a "snap" diagnosis will pass without comment, but a statement without deduction in experimentation is truly degrading. It is better to conduct experiments without object and let the results develop, and then balance each synthetically than to make end meet end, and the amount of work conform to the ambition.

**A Few Questions** are propounded by *Medical Progress* which states that it is now, and has, for that matter, for years, been held by medical writers that a man can not become a physician in the highest and best sense who has a poor and very imperfect education That the young physicians who are turned out of the many short-course medical schools can not reasonably be expected to develop into anything which will reflect credit upon the general profession. It is true that on this account the American profession has been looked down upon by the foreign profession. It is not our intention to discuss the subject at length, but merely to ask a few pertinent questions.

Can a young man comprehend medical postulates and truths whose mind has not been disciplined by a more or less thorough course of academic study?

Is a man fit to enter a learned profession whose mind has not been elevated by reading and study?

Should colleges be allowed to offer inducements to young men of imperfect education in way of small fees and short courses to enter the profession of medicine?

Should not steps be taken to cause colleges to make reforms in this particular?

Should not all lowpriced and short course schools have their charters repealed?

Failing in efforts to secure repeals or reforms, should not physicians work zealously to have all persoss who offer to practice to undergo an examination in all the branches of medicine?

**Diseases of Animals** are beginning to partake of the same nature as those of man, it would seem. A contemporary states that cancer is reported to have made its appearance in one of the ponds of the Dunedin Acclimatisation Society of New Zealand. American brook trout only have been attacked, and none of the fish suffering from cancer have recovered. The statement that the disease has hitherto been unknown among fish is open to serious doubt. New growths are often found in animals, especially when they have been kept long in confinement. The animals which die in the Gardens of the Zoological Society are rarely of much use for dissection, as they so commonly suffer from tumors of the bones and viscera. Such diseases probably also occur in a state of nature, but would most likely lead to early death, the animal succumbing in the struggle for existence. In fish myxomatous and sarcomatous tumors have been seen. The fish Platax arthriticus has been known from the time of Hunter as possesssng very commonly, if not always, in the adult dense bony tumors symmetrically disposed on many of its bones. Reptiles and birds appear to be the lower animals that are most subject to malignant sarcomatous growths.

**A Good Example to Follow** is what the New England *Medical Monthly* calls it. It goes to say that the local board of health of the city of Bridgeport, Conn., has taken the initiative in a matter, which can be widely copied by local boards of health all over the country, where there is no state law regulating the practice of medicine. Section 38 and 39, which we herewith append, will give an idea of the novel and ingenious manner in which this result has been brought about. We hope that now the ordinance has been enacted, that they will be rigidly enforced:

Section 38.—That no person shall practice medicine or surgery in any of its branches, for pay in the city of Bridgeport, who is not a person of good, moral character, and who does not possess the rudiments of a medical education, or who for any reason would be likely in such a capacity, to endanger public health.

Section 39.—Every person who shall practice medicine or surgery in any of its branches in the city of Bridgeport, shall within one month of the time commencing such practice, register under oath with the clerk of the board of health, his or her name, with the date and place of graduation, and if not a graduate of a medical college shall be registered as not being a graduate, and the locality where each person has previously been engaged in medicine or surgical practice. And all persons so practicing at the date of the passage of this act, shall cause his or her name to be so registered within one month after the passage of this ordinance. Any person neglecting to comply with this provision shall be punished with a fine of not less than fifty dollars.

**The "Doctor" Craze** seems to be rampant in England. To those who live outside the area of the craze there is no more puzzling professional phenomenon than the mad longing for the title of "Doctor" which dominates the English practitioner. No doubt the practitioner is so dominated because he finds that the public is bitten with the craze, and that it is coercive upon him, in order that he may live, to procure or assume any or every title which the public admires (*Med. Press*). The puzzle is—Why does the public especially admire the title of "Doctor"? Time was when a "Doctor" meant a practitioner who had learned his business along with his educational culture within

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the walls of a university, and subject to the prolonged residence and discipline required by a university of that period. All that has long since passed. A "Doctor," these times, is one who wants a trading title, and who can purchase it with the utmost facility in half-a-dozen open markets. He can have it, even from the respectable old alma mater of Cambridge, without going to the trouble of complete arts, study, or graduation. He can have it in any of the Scottish universities, or in the Royal University of Ireland, upon a nominal arts curriculum and a couple of insignificant arts examinations; and he can have it elsewhere, if he is a little time in practice, and if he is willing to pay a substantial fee, upon nothing more than a cheap and easy examination without any arts qualification whatever. And still the English practitioner is not happy until he gets it.

We have only to point out how excessively foolish this "Doctor" craze is. Any man may call himself "Colonel," or "Captain," or "General," or "Reverend" (and many men do so); he may write it on his visiting card, or describe himself in newspaper paragraphs, or put it on his door-plate if he likes. But what nearer is he to the dignity which he claims when he has done this for any length of time? He, amongst uninstructed people, may pass for what he is not, but he can no more make himself "Colonel" by calling himself by that name than he can make himself Speaker of the House of Commons. Surely the practitioners who aspire to be "Doctors" by appropriation of the title must know that the moment any considerable number of them "grab" the prefix it will cease to be of the least use to them, and will cover them with dishonor. The public will at once learn that the title of "Doctor" is only a borrowed plume, and that the practitioner who sports it without having substantially earned it is only a despicable pretender.

**Libel and Slander of Physicians.**—A description of what constitutes libel and slander affecting physicians and surgeons is given by L. D. Bulette, Esq., in the *International Medical Magazine*. Words which cause an appreciable injury to the reputation, if they are false, constitute a libel when written or printed; a slander when spoken. Words which are clearly defamatory are actionable per se, without the necessity of proof that any particular damage has resulted from their use; if they merely tend to injure the reputation of another, some perceptible injury must be proved. When the words or language used imply gross ignorance, and unskillfulness in his profession, the medical practitioner may sue. It has been held that to call a physician a "quack" is thus actionable. The same is true of words charging that a physician is "an empiric and a mountebank"; or that "he is no doctor; he bought his diploma for fifty dollars"; or that "he is a quack, and if he shows you a diploma, it is a forgery." It is also actionable, without proof of special damage, to say of a physicion, "He has killed the child by giving it too much calomel"; or "He has killed six children in one year"; or "If Dr. X. had continued to treat S., she would have been in her grave before this time."

On the other hand, it is not actionable, without proof of special damage, to say "He is a two penny bleeder"; or "He is so steady drunk, he cannot get business any more." The same is true of words charging a physician with adultery unconnected with his professional conduct. But it would be otherwise if he had been accused of seducing or committing adultery with one of his patients. It is not actionable to charge one who is not legally authorized to practice physic or surgery or to receive compensation therefrom, with ignorance of the healing art, or with having destroyed human life by misapplied efforts; nor to say of such a person, "He is a quack" or an "impostor."

**Fees** are not always estimated, as to their size, in the same manner by the judge and the Doctor. A most extraordinary decision has recently been given by Judge Levy, of California, in the case of Dr. C. Ellinwood, who had a claim of $30,000 for medical services rendered to the family of a deceased millionaire (*Med. Rec.*). The executors of the estate and the three heirs all allowed the bill, but the Judge thought it too much, and cut it down to $10,000! The Judge says in his opinion: "Although inexperienced in the charges of medical gentlemen for professional services, I am at a loss to recall a case where such an amount has been charged. I am of the opinion that the services rendered for one year's time were not of the value of $30,000, but a fair, reasonable, and just compensation would be $10,000, for which amount this claim is allowed." Yet lawyers often charge a much larger fee for services of much less intrinsic value. We hope that Judge Levy may be taken pleasantly and chronically ill, and then that Dr. Ellinwood may be called to attend him.

**The Code** is still occupying much of the attention of journals. The New York *Medical Times* speaks in no measured terms on the subject. It says: The code is claimed to be based upon the Golden Rule, but that is a curious interpretation, which would prevent men from doing as they would be done by! Too much code has made some members of the profession dogmatic, arbitrary and dishonest. The new code makes men their own judges of circumstances, and as it agrees with present conditions, men are made more truthful and honorable. It seems curious to the progressive mind that antiquated rules which tend to injure society should be stuck to with tenacity, but sooner or later they must yield and be relegated to the upper shelf. It was on account of these facts, we presume, that the N. Y. State Medical Society took the action it did toward reform, and it deserves much credit for its courage. We feel confident that the American Medical Association, if it could bring out the rank and file of its membership, would sustain the action of the State Society, but in the mean time we

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hope the Society will stand out for the right and fight for it if necessary, as we are sure it will.

**Medical Journals and Advertising** are noticed in the Atlanta *Medical and Surgical Journal* in the following manner: The following advertisements we clip from the columns of an enterprising journal which claims to have a larger circulation than any other medical journal in the world. We submit that this is a disgrace to medical journalism which should be an exponent only of that which is conscientious, professional and honorable in thought and conduct:

FIRST UNDERSTAND, THEN SHOW YOUR APPRECIATION.—Tilghman's method to influence the sex, by which you can obtain either male or female as desired, is nature's law discovered, and is thoroughly scientific; and the author knowing this, desires to give it to the physicians of this conntry. The method applies to both the human and animal families, and very many scien tific stockmen are now using it with complete success and profit. Physicians, as a rule, want it for the infor mation gained. His price is $5.00, but it will be sent to physicians for $1.00. And this is to cover expenses. Address, etc.

SECRETS OF PHYSIOLOGY.—Control of offspring without medicine. Scientific work. Price, $5.00. To physicians, $1.00. Address, etc.

It is such advertising as this that degrades the journal containing it to the level of the local newspaper. We want to say, in passing, that there is in Georgia a country newspaper, the Fort Valley *Leader*, which keeps a standing announcement on its title page that it will publish no patent medicine advertisement. But here is a medical journal selling its space to arrant quackery, and circulating claims which are absolutely false; just for a little money!

**Walking,** if properly and regularly followed, would become not only a restorer of health to many who to-day are on the road to disease, but also a source of pleasure, says an exchange. Let the arms swing if you feel like it, and the limbs, too; open the nostrils and fill the lungs, and the movements will send a gentle electric vibration through the entire body, the result of which is the awakening of new life.

Never take the lazy gait, as it soon makes one tired, and produces languor. A little perspiration on the "home stretch" may prove to be a blessing, not only in carrying effete matter from the body, but in bringing an increased supply of oxygen into the blood, and putting the blush of health upon the cheek.

Perhaps the best time to walk is in the early morning. The air is then the most highly charged with the life-giving oxygen, and the freest from dust, smoke, etc., of traffic, which rises later in the day. At this time also the mind is liable to be more free from worry and anxiety, hence in the best condition to drink in the blessings of freshness for us on every hand.

**An Improvised Catheter.**—Dr. Phelip has described in the *Lyon Medical* a catheter which he improvised and used with success in a case of retention of urine due to enlarged prostate in a man aged 66. Dr. Phelip, on arriving on a visit with friends in the country, was taken to see a workman who had had retention for forty hours; the bladder reached above the umbilicus; the man was in great pain, with an irregular pulse and bilious vomiting. With the best messenger no catheter could be hoped for under several hours. The situation was certainly distressing Dr. Phelip bethought himself of the hairpin which has been found successful under similar circumstances in women, and casting about him for some substitute better adapted to the male urethra he discovered a piece of thin brass wire. This he folded in two, and pinched the two halves close together, finally bending the doubled end into a suitable curve. Well oiled, this wire was introduced without the least difficulty into the penile urethra, and with a little manipulation finally entered the prostatic portion; as soon as this point was reached urine began to flow, at first with considerable force. Two litres of urine were thus withdrawn, and the wire removed without difficulty and without any trace of blood. Subsequently the man passed urine spontaneously.

**Treatment of Asiatic Cholera.**—Dr. Simeon S. Todd proposes a treatment which he looks upon as superior to the methods new in use (*Jour. Am. Med. Ass.*). His method in brief is to administer intra-areolar injections of large volumes of warm saline solutions, and an abundant use of hot acidulated water, to the exclusion of all other drinks. After detailing the method he goes on to say: Now it may be asked just here, what advantage the proposed plan of intra-areolar injection has over intravenous injections of saline solutions; and the answer is, that by the intra-areolar method the fluid is introduced at many points, distant from each other, and slowly and by a sort of filtration through many small and diverse channels, enters at last the ascending and descending venæ cavæ and reaches the heart in a gradual way. Owing to the means, too by which the fluid reaches the large venous trunks, there is no danger of the entrance of air. The same things cannot be said of intravenous injection, for the fluid is thrown into a vessel of considerable size, and unless done with great caution, may endanger fatal engorgement of the heart if that organ happen to be nicely balancing between action and rest. It also endangers entrance of air and, what is by no means impossible, embolism, from the wounded vein. These conside-

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rations point out one other great advantage of the intra-areolar over the intravenous method. The first can be used with safety, even by the unskillful, who are many but the other must be relegated to the skilful, who are few.

That the plan of treatment I advocate will greatly lessen the fatality of the disease I believe—that it may fall short of my expectations is possible. The most that can be said against it, perhaps, is that it is untried, and the same has been true of every successful remedy in medicine and every valuable appliance in surgery till their merit had been proved by trial

**Effects of Tobacco on the Eyes.**—In a paper on the deleterious effects of tobacco on vision Dr. Francis Dowling concludes his paper as follows (*Lancet-Clinic*): Tobacco was not used in Europe till about the close of the fifteenth century, soon after the return of Columbus from his first discoveries. From that time on its consumption spread from country to country until it is now more or less extensively used throughout the world. Statistics show that the per capita consumption of tobacco in Germany alone every year is three and a half pounds. In France nearly two pounds, and in Austria nearly the same quantity is consumed. Counting the adult males in Germany as one in five of the population, every adult male in that country would use seventeen pounds of tobacco per year.

The deleterious effects of tobacco, on the system in general or on the eyss, is due as we all know to the presence of a poisonous ingredient called nicotine. This oily, colorless fluid diffuses itself into the blood with as much rapidity as prussic acid, and a poisonous dose has been known to kill an adult in three minutes. Nicotine, when heated to 250 degrees, becomes volatilized and decomposed, but if watery vapor is present, volatilization takes place without decomposition. When dry tobacco is smoked, the greater part of the nicotine is decomposed by the heat, and passes off with the smoke. The moister the tobacco, and the cheap grades are usually damp, the more is this retarded. The cheaper grades of tobacco contain more nicotine than the dearer ones, and consequently are more injurious to the consumers; and this is probably one reason why tobacco blindness is more common among the poorer classes than among the rich. The tobacco used for chewing purposes is usually very rich in nicotine.

In conclusion, the question might be asked: Can anything be done to check the use of tobacco? The answer would be: Very little. The public could be instructed with respect to the consequences of its abuse by our Health Boards or other authorities. In this connection it will be well to state that very few of the patients who seek advice on account of this disease suspect the cause of their trouble, hence the advisability of a more general information on the subject. The manufacturers could diminish the quantity of nicotine contained in tobacco, especially in the cheaper grades. Manufacturers know of various processes for extracting this poison without at the same time imparing the aroma of the tobacco. This could be carried out particularly well where the government has a monopoly of the manufacture and sale of tobacco, in such countries as Germany, France and Austria.

**Syphilis Treated by Frictions of Calomel.**—An Italian physician, Dr. R. Bovero, has used calomel externally in 180 cases of syphilis (N. Y. *Med. Abst*). He uses 8 to 15 grains of calomel made into an ointment with 45 grains of lanolin and 15 grains of cocoa butter daily, for from 5 to 8 days, rubbing on different parts of the body alternately. At the end of that time he suspends the frictions and gives from 7 to 20 grains of iodide of potassium daily for 15 days. He then resumes the mercurial rubbings, then the iodide, alternating, as before, during the whole course of treatment. The application of the ointment occupied from 20 to 25 minutes. At the end of six months the patients were considered cured. In only one case out of the 180 was there any sign of relapse and in only five mercurial stomatitis appeared.

**Multiple Tendon and Nerve Suture.**—Dr. Howard Lilienthal records success in this procedure in spite of suppuration, in the New York *Medical Journal*. The following personal observations close his paper:

I. There may he some voluntary motion of a part whose tendons are divided.

This happens:

1. By muscular action, where the entire sheath has not been severed.

2. There may be pseudo-voluntary motion on cessation of contraction of opposing muscles when the part by the elasticity of its own tissues returns to its normal position of rest.

3. In wounds not too recent, motion may be communicated through adhesion with neighboring parts of like function.

II. Retraction of divided tendon-ends may be both physiological and mechanical.

The central portion retracts by the shortening of its muscular belly. The peripheral may retract or, more accurately, may be retracted, by the motion of the part bearing its insertion.

Keeping this in mind, then, we should nearly always be able to bring the distal end into the wound by passive motion and should defer dissection or incision until this has failed.

III. The suggestion is offered that in cases of transverse accidental wounds of tendons where an operation must be delayed, immediate longitudinal incision through skin and fascia may increase the efficiency of antiseptic measures.

**Sequestration of Idiots.**—In a paper on this subject Dr. Sam'l J. Fort says (Virginia *Med. Mo.*) that, in conclusion, we may sum up the reasons why

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idiots should be sequestrated in special institutions as follows:

1. The incubus of idiocy is removed from the home which it blights.

2. Idiocy is prevented from begetting idiocy.

3. Complications of the affliction are best alleviated through proper dietetic and medical supervision, and the less afflicted prevented from degenerating into profound idiocy.

4. The industrious abilities possessed by a large percentage, which are useless elsewhere, are here made valuable.

5. The less afflicted are trained to care for the very dependent, under proper surveillance.

6. They are saved from evil and from temptation which they are unable to resist, when thus placed in a miniature world sans its temptations.

Finally, the future of this work contemplates far more than the gathering together into training schools of a few hundred imperfect children. The correlation of idiocy, insanity, pauperism, and crime will be understood as it is not now. There will be fewer almshouses, but more workhouses. Jails, criminal courts, and grog shops will correspondingly decrease, and here and there, scattered over the country, may be villages of the simple, made up of the warped, twisted and incorrigible, happily contributing to their own and the support of the more lowly; cities of refuge in truth, havens in which all shall live contentedly, because no longer misunderstood nor taxed with exactions beyond their moral or mental capacity. They shall go out no more, and they shall neither marry nor be given in marriage in those havens dedicated to incompetency.

**Good Effects of Belladonna in Epilepsy.**—Among the recent novel attempts at the treatment of epilepsy have been those of M. Pasteur, who has given the diluted virus of hydrophobia, and those of M. Fere, who has given picrotoxine. M. Pierret has been led by the publication of these results to give a public explanation of some experiments in a similar direction which he has for some time been making himself (*Lyon Medical*). He considers it as generally admitted on all sides that those cases of epilepsy are most dangerous to the intellectual faculties in which there are no convulsive attacks on a large scale, but a great many of the varied forms of discomforts which accompany and constitute the lesser attacks. In such cases there is a constant accumulation of nervous irritation at the nervous centres in some form of which we have as yet very incomplete knowledge, and some return of the force from the nervous centres to the external world in the form of chemical action or muscular work. These epileptics, in fact, do not originate a new force in their nervous system, but they store up what ought to be passing away little by little until it breaks its way out with a destructive rush. It is a natural and justifiable treatment of such cases to attempt not to get rid of this force entirely, but to provide for its continual and gentle dissipation. The administration of small doses of extract of belladonna in many of these cases leads, it is true, to frequent slight convulsive attacks, but along with them to a proportionate improvement of intelligence and character. So also under treatment by belladonna the emotional epileptic subjects lose their purely impulsive character, and are mentally and morally strengthened though the muscular convulsions continue. The effect is like that of hyoscyamine in paralysis agitans.

**Congenital Anosmia.**—Experiments have recently been carried out in the case of a student who was absolutely destitute of the sense of smell (*Ex.*). It is suggested that the results showed the greater number of so-called taste perceptions to be really dependent upon the sense of smell. Thus, the patient referred to, was unable to distinguish between tea, coffee, and hot water, but was able to differentiate ether, water, and ammonia. Different fruit syrups merely gave a sensation of sweetness. The sharpness of mustard and pepper was recognized, but they could not be distinguished, although cloves and cinnamon were. Differences of one degree of temperature were easily recognized, and we are told that taste, as well as common and thermal sensibility were undisturbed, although to the ordinary mind, it would seem that the unfortunate youth was not only deficient in the sense of smell, but also suffered from a marked modification of the gustatory function.

**Extra-Uterine Pregnancy.**—Dr. J. Whitridge Williams, of the Johns Hopkins Hospital, Baltimore, writes that he is engaged in the study of extra uterine pregnancy from an anatomical standpoint, and he appeals to those who come in contact with this class of cases to aid him by sending him any specimens which they may meet. The specimens should be handled as little as possible and as soon as possible after the operation placed in jars containing cotton, and covered by more than their bulk of ninety five per cent. alcohol, or Mueller's fluid, and sent to the writer. They should also be accompanied by a brief outline of the history of the case and the measurements of the fresh specimen. To any one aiding him in this way, he says that he will be glad to send a report on the specimen, and in his article will, of course, make due mention of those who thus assisted him.

**Alexander's Operation for Retroversion of the Uterus.**—Dr. W. O. McDowell states (N. C. *Med. Jour.*) that retroversion of the uterus can generally be corrected by the use of cotton or sponge pledgets or the ordinary retroversion pessaries, but there are exceptional cases in which, on account of pain and tenderness, the patient is unable to wear any hard instrument.

Sometimes, by using vaginal injections of strong solution of kali brom., the tenderness and pain will subside sufficiently to enable the patient to wear a hard rubber instrument. But when all such efforts fail,

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Alexander's operation offers the best chance of relief. This consists in exposing the round ligaments at the external ring, and drawing them out through the ring, thus lifting the uterus; then securing the ligaments near the external ring, thus fixing the uterus in its new position. It is better, in my opinion, to cause the ligaments to attach to the face of the pubic bones between the spine and symphysis, instead of to the loose tissue, for this tissue, being in itself yielding, might in time give way and allow the uterus to again fall back into the hollow of sacrum.

After completing the operation tampon the cul-de-sac to support the ligaments. Keep the patient in bed three, four or five weeks, then introduce Hodge's or Smith's pessary, and let this be worn for at least two months, when it will be found that the ligaments are capable of holding the uterus in its normal position.

**Importance of Diagnosis Previous to Laparotomy.**—In a paper upon this subject (Kansas City *Med. Rec.*) Dr. J. Block relates two cases and, in conclusion, he emphasizes one point, and that is this: That in trauma of the abdomen, penetrating in character, so little is sometimes revealed early in the history that conservative surgery demands rigid scrutiny at an early period by exploration to be of any avail. In disease a thorough study of the symptomatology is essential to a droper conception of what is to be done before operating, instead of reserving everything until the moment the cavity is laid bare. That this is not always possible, we all know, but a more careful study will minimize the number of these cases. It certainly does not sound well to comprehensively include the diagnosis under the term of "a lump, or something of that kind."

**The Most Successful Treatment of Hypertrophy of the Tonsils.**—Dr. Th. Goureau writes as follows (*Merck's Bulletin*): Much has recently been written concerning the best treatment to be adopted in hypertrophy of the tonsils, and here, as elsewhere, opinions are much divided. All the processes may, in short, be referred to three principal methods: painting; excision; the actual cautery.

After carefully comparing the three methods, we may state that the preferable process is excision by means of Maisonneuve's Amygdalotome. This instrument, which is in the hands of every practitioner, is certainly the one which gives most satisfaction with the least drawbacks. We do not say that it must always be employed: it is foolish to be absolute in practice. But eight times out of ten, recourse must be had to amygdalotomy.

What are, then, the contra-indications?—1st, certain anatomical conditions of the tonsils; 2d, the age of the subject. It may not be possible to seize the tonsil by the instrument; its too friable tissue being torn by the fourchette; or the pillars covering the tonsils, adherent to them, prevent them from being caught in the lunette. In the case of adults, amygdalotomy should be forbidden. The sole reason for this direction is the possibility of fatal hemorrhage; for after infancy the tonsillary vessels are developed; their compression is difficult; their ligature impossible. The hemorrhage often occurs in the form of venous exudation.

At what age does this contra-indication begin? The author replies: "Before puberty, amygdalotomy may be practiced; after,—never." Double amygdalotomy ought to be avoided; and it is necessary that the surgeon have in his instrument-case simple amygdalotomes of different sizes; for the tonsil ought to enter the lunette readily, but it should not be loose in it.

**An Unusually thin Skull.**—The following case may be of interest to many, not only on account of being curious, but also from its bearing in a legal aspect. It is reported by Mr. Frank Oldfield in the *Lancet*: Saturday, October 1, at 5:15 P.M., I was called to see G. B——, laborer, aged about forty-five, who, it was stated, had been fighting. I found him insensible and suffering from fracture of the base of the skull, evidenced by bleeding from the ear; but with very careful examination both at the time and on the following day (Sunday) I could find no marks of violence whatever. He died on Monday morning at 1:15 without having recovered consciousness, thirty-two hours after the fight. I subsequently made a post-mortem examination and found two very slight, scarcely perceptable bruises on the point of the chin, as if caused by knuckles. On opening the cranium I found the base of the middle lobe of the brain lacerated by the plate of the bone forming the glenoid fossa being driven in by the condyle of the inferior maxillary bone and a fracture extending across the base of the skull, and on the left side across the squamous portion of the temporal bone and the left parietal; but the bone of the left side of the head (parietal and squamous temporal) was nowhere thicker than the thin plate of a scapula, and the petrous portion of the right side was so friable that I crushed it quite easily with my finger and thumb. The man who is alleged to have caused his death is stated by several witnesses only to have struck him once, and was far too drunk to have hit very hardly.

**Synchronous Fracture of Both Clavicles.**—That this injury is an exceedingly rare one, is evidenced by the fact that Stimson was able to collect but twenty-eight cases in all surgical literature. To these Dr. J. William White has added one case, which was treated by position alone with a satisfactory result. The infrequency of the accident is sufficient apology for a short report of a recent case in which there are additional features of interest. Dr. Ira J. Dunn reports the following (*Univ. Med. Mag.*): F. R., a native of Hungary and driver in the Jeanesville mines, was admitted to the State Hospital for Injured Miners at Hazleton with the very common history of mine injuries—"a fall of top rock." Both clavicles were found to be fractured at the acromial ends. The areolar tissue over the chest was then emphysematous. A few

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hours later this condition was limited only at Poupart's ligament, the eyelids and wrists. The eyelids became completely closed. There was very great dyspnea, respiration being 72 per minute. No dressing was tolerated, and the patient required to be bolstered up in bed. Morphine sulphate, grain ¼, and atropine sulphate, grain $^1/_{120}$, hypodermatically, gave considerable relief and sleep followed. The next day the patient complained of cough, and a simple cough mixture was prescribed. No dressing at any time was permitted, and subsequent treatment consisted of unavailing effort to enforce the recumbent position, aided by weight of sand-bags. With the characteristic stubbornness of his race, as soon as he became confident of recovery, all advice of his physicians was disregarded. He walked about the ward at every opportunity and ate reclining on one elbow. Notwithstanding all adverse circumstances a very satisfactory result followed. The emphysema began gradually to disappear and was gone by the tenth day. The dyspnea as gradually disappeared. Whatever deformity there may have been was symmetrical and consequently unnoticeable. He returned to work with good use of both arms.

**Kitsune-Tsuki; A Japanese Zoanthropy.**—Dr. L. Baret publishes in the *Annales medico-psychologigues* an interesting study of a neuropathic delirium with doubling of the personality that he has observed in Japan (N. Y. *Med. Jour.*). It is known as *kitsune-tsuki*, or possession of foxes, and affects principally young girls and women, especially those among the lower classes of Japanese society. These classes entertain a superstitious fear of foxes, cats, and badgers, especially the first named animals, because it is believed that they have the power of assuming the human, especially the female, form for the purpose of harassing poor humanity. It is believed that the fox may enter the body of a living person by any of the natural orifices, by the nipple, or under a finger-nail; and that after it gains access it lives its proper life, completely independent of that of its host. The latter hears and understands all that is said and thought by the fox, and occasionally the host and intruder quarrel violently, the fox speaking in a voice that is altogether different from the natural voice of the person possessed. The predisposing conditions of this affection are a limited intelligence, a superstitious mind, delirious conditions (especially that following typhoid fever), and invariably a supposed knowledge by the person affected of similar cases, together with a firm belief in the possibility of such accidents. Dr. Baret believes that the disease is a form of hysteria in which self-suggestion plays a large feature, and that the treatment is that by hypnotic suggestion.

**Occurrence of a Lipoma in a Young Child.**—Mr. Alfred Ellis Vaughan reports the following unusual case (*Brit. Med. Jour.*): In April of this year, whilst attending Miss M., I was asked to examine the two-year-old daughter of Mrs. B., Miss M.'s sister. The child was essentially rickety, and for this condition I prescribed; but from the mother's point of view the matter which required clearing up was the presence of a large swelling on the child's back. The tumor, which had been gradually increasing in size for upward of a year, and had latterly taken on rapid growths, was situated a little below the angle of the left scapula, almost in the median line; in fact, slightly overlapping the spine, about the size and shape of half a cocoanut, not definitely circumscribed, soft, and semi fluctuating. Puncture with a moderate sized aspirating needle gave no result. Operative interference was decided upon and the tumor was removed under chloroform—its removal requiring rather an elaborate dissection from the absolute deficiency of any definite boundary. The large hole left after the operation looked alarming, but healed very kindly in the course of a few days under boric acid dressings. The tumor proved to be a lipoma. I am under the impression that the occurrence of a lipoma in so very young a child is sufficiently rare to merit a report of the case.

**Intra-Uterine Injection of Glycerine.**—The injection of glycerine into the rectum has for some years been current in practice, and it is recognized in certain conditions to be a very convenient and efficient method of administering an enema. It strikes me as strange that a substance so efficient in emptying the rectum should until now have been put to comparatively few trials in emptying the uterus of its contents, for *a priori* it seems a likely agent for this purpose. M. Pelzer records some observations made in the latter direction, and speaks favorably of intra-uterine injections of glycerine for the inducing of necessary premature labor as well as in cases of insufficient uterine contraction. His method of procedure is as follows: He takes a syringe of the capacity of 150 grammes, or a little over four ounces, and, having filled it with pure glycerine, he attaches it, through the medium of a gutta-percha tube, to a perforated sound. Having cleared the apparatus of air in the usual way, he introduces it into the uterine cavity between the posterior wall and the membranes to the fundus of the organ. The glycerine is then injected and the pelvis elevated to prevent its too rapid escape. In a very brief space of time energetic contractions are set up. The effect of the glycerine is due in part to its mechanical action in separating the membranes from the uterine wall and in part to its chemical affinity for water, by virtue of which some of the amniotic liquid is abstracted, which in turn contributes to a further detaching of the membranes. On the whole M. Pelzer was pleased with his results and suggests glycerine as worthy a further trial in obstetric practice.

**Vesical Tumors in Children.**—Phocas, of Lille, reports (*Ex.*) one case of his own, in a child six and a half years old, who was operated upon for vesical

tumor, of which a portion was removed. Transient benefit only resulted, the neoplasm growing again and death following speedily. To this the author adds the thirty others that literature furnishes. Malignant growths in the bladder are more frequent than benign; troubles of micturition are common in both sexes; in girls diagnosis is easy, as the vesical tumor dilates the urethra and appears at the orifice; in boys, the bladder seems to be dilated, but on introducing the catheter no urine is found; diagnosis is completed by rectal exploration joined to abdominal palpation. Cures have only been obtained in benign tumors. In event of malignant growth, death comes rapidly. As this is the rule, is it not better to refrain from operating?

**Reflexes in Hip-Disease.**—Dr. Brackett says (*Med. Rec*) that in cases of coxitis the condition of the patellar reflex depends on the same general causes as the muscular spasm. When muscular spasm is absent the reflexes are not altered, but if the joint is irritable the reflexes will be increased on the diseased side. "The presence of subjective symptoms does not apparently affect the phenomenon. The value of this is twofold; it becomes an indication of the irritability of the joint in the absence of subjective symptoms in the same way as does the involuntary muscular spasm, and also of diagnostic value in the early stages in the absence of other indications. In this it can be used as one of the evi dences in distinguishing between early hip and low lum bar caries, for a marked difference is shown in the case of spinal caries in this matter of reflexes, as these show an almost constant uniformity, and are not only equal but much less likely to be exaggerated even with the presence of other diseases." In cases of long standing, in which atrophy is marked, this sign is of less value.

**Fractures of the Tibia and Fibula** rarely occur, except as the result of direct violence according th Drs. Edward Martin and Ellwood Kirby (*Ther Gaz.*). The treatment is conducted on the same lines as in the case of adults, except in infants under two years of age. With these, moulded or plaster of-Paris splints fulfill all the indications. Pott's fracture is rare in children.

In all we have collected 1372 cases of fracture in children under twelve years of age. These were taken from the records of the Pennsylvania Hospital and of the Children's Hospital of Philadelphia.

The radius was broken in 365 (23.3 per cent). Of these, in 177 the fracture was of both bones. In 186 the radius alone was involved.

The humerus was broken in 300 (21.8 per cent).

The clavicle was broken in 282 (20.5 per cent).

The femur was broken in 135 (9.8 per cent).

The tibia was broken in 107 (7.7 per cent). Of these, in 55 both tibia and fibula were broken. In 52 the tibia alone was involved.

The ulna (alone) was broken in 51 (3.4 per cent).

The fibula (alone) was broken in 13 (.9 per cent).

Taking breaks of single bones, we find the radius most frequently broken in children (23 3 per cent); next in order comes the humerus; next the clavicle; next the femur; then tibia.

Comparing these results with Willard's tabulation of the Pennsylvania Hospital cases from 1830 to 1874, the very great majority being adults, and numbering in all 8667, we find that the tibia was the bone most frequently broken (21.7 per cent). After this follows the radius (18.3 per cent); then comes the femur (13.7 per cent); next the humerus; and finally the clavicle.

**Ridged Incisors, and Honeycombed Molars.**—One point of interest occurs in an article by Mr. J. L. Williams on degeneration of human teeth (*New Review*). When considering the causation of pitted teeth, and explaining how interference with the development of enamel produces the ridged tide-marks on the surface of a tooth, the author, it appears, holds the view that the part of the tooth nearest the gum is formed first, and is often free from these markings. Observation shows that the calcified cap first appears on the summit of the developing tooth, and we are inclined, therefore, to believe says the *British Journal of Dental Science* that the business end of the crown is first formed, and possibly may show deficiencies of enamel, and that, if the diturbing influence then subside, perfectly formed enamel may cover the cervical portion of the crown. Surely the condition named shows that the teeth were half formed while these violent disturbances of nutrition occurred, and not, as the writer puts it, before.

**Some Practical Points in Therapeutics** are given by Dr. Jno. A. Larrabee, in a paper recently published (*Med. and Surg. Rep.*). The author, in conclusion, made mention of those therapeutic agents which, during the summer months, had been so successful, in his hands. In entero-colitic diarrhea—the so-called "summer complaint" of cities, dependent upon the various micro-organisms, vitiated air, and bad food—salol, napthaline, carbolic acid, calomel, in minute doses, and nitrate of silver stood the test.

In gastro enteritis, he found salicylate of bismuth useful and inflammatory diarrheas of infants and older children Rochelle and Epsom salts, in acid infusion of roses with small doses of laudanum. In chronic cases, the nitrous acid camphor mixt. (Hope's) did not fail.

He also used this treatment very satisfactorily in the exanthemata.

In diphtheria, peroxide of hydrogen and whiskey internally gave him the best results. Disappointment in the use of the peroxide, is often due to the poor quality of the drug. It is a very unstable article. It should always be purchased in small amounts protected from the light, by being put in 4oz. bottles. On coming in contact with the false membrane of the throat, a white foamy reaction takes place. It should be freely applied to the throat on mops or by use of spray. The crying and resistance of the child, favors the distribution of the

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fluid. In this way the author has treated successfully a great many cases of diphtheria. He believes that the symptomatic use of definite, although often toxical, doses of whiskey, in children even of tender age, to be the surest safeguard against heart failure.

**Normal Quantity of Urine Passed.**—From 30 to 60 ounces of urine is passed in 24 hours (*Doctor's Weekly*). It is of acid reaction and has a specific gravity of 1018-1020, the usual variations being 1015 to 1025. The urine may be increased in diabetes, amyloid kidney, chronic nephritis, hysteria, and from excessive drinking of fluids. It may be decreased in acute fevers, acute nephritis, etc., etc. There is a constant diminution in the quantity of urine in acute disease until the height of the disease, when it remains nearly constant until convalescence begins, when it returns to its normal gravity. The temperature in taking sp. gr. should be 60. The figures on the urinometer are the last two figures of the sp. gr. The specific gravity of urine to be of much value in diagnosis must include a knowledge of how much is passed in 24 hours. Indeed sp. gr. is of the greatest importance in diagnosis.

**Gonorrheal Infection of the Mucous Membrane of the Mouth in New-Born Infants.**—Rosinsky (*Zeitschr. f. Geburtsh. und Gyn.*), from the study of five cases of gonorrheal infection of the mouth in the Koenigsberg obstetrical clinic, has drawn the following picture of the disease (*Annals Gyn. and Ped.*): Without preceding inflammatory redness, a white discoloration appears upon the anterior two thirds of the tongue, the plaques of Bednar, the hamulus pterygoideus and along the ligamentum pterygomandibularum in the lower jaw, finally upon the front parts of the gums. After 24 to 36 hours the color becomes yellow. The patches elevate themselves plateau-like over the surrounding tissues, and their surfaces are raw. The superficial epithelium forms, with extravasated pus cells, a thick layer, resembling the scrapings from the cut surface of a septic spleen. On the third day the regeneration of the epithelium begins; this is marked by an inflammatory redness around the edge of the patch. Healing follows without treatment in an ideal manner, no trace of scar or discoloration remaining. From the microscopical examination of some excised tissue, Rosinsky has gleaned the following: The gonococci were never found, in stained sections, intracellular. They were seldom found intracellular in the superficial flakes. Gonococci cannot penetrate into the body of healthy, living cells; they accomplish this only when the single cells are cut off from the conditions of life. In the connective-tissue, gonococci invasion was found. Rosinsky believes this to be typical for pure gonorrheal inflammation of the mucous membrane. The relatively infrequent gonorrheal inflammation of the mucous membrane of the mouth in adults in contradistinction to infants, he believes, due to the tenderness of the epithelium of the mouth in the new-born.

**Fracture of Upper End of the Ulna, With Dislocation of the Head of the Radius.**—Mr. Henry Williamson, describes the following interesting case (*Ex.*): G. R. P.——was brought to the hospital on June 4th with an injury to the forearm caused by direct violence. On examination I found a fracture of the upper end of the ulna nearly three inches and a half from the top of the olecranon. Not being able to rectify the displacement of the upper ulna fragment I made a more careful examination of the limb and found that the head of the radius was dislocated forwards. On reducing the dislocation it was found that we had partly rectified the displacement of the upper ulnar fragment. It was now an easy matter to get the ulna into correct position and a good result was thereby ultimately obtained. The case is of great interest when taken into consideration with Professor Macleod's recent paper on this injury, and certainly demonstrates very clearly the great importance of two of his practical precepts, viz.: (1) Whenever we find a fracture of the upper end of the ulna careful examination for a dislocation of the head of the radius should be made; (2) should such a dislocation be found it must be reduced at once and endeavors made to rectify the displacement of the upper ulnar fragment at the same time. From my experience in this case I conclude that the reduction of the dislocation is by far the most important item in the treatment.

**Asthma.**—Dr. Coupard (*Munchener med. Wochenschrift*) recommends in asthma, coryza, and cephalalgia, the following powders:

℞ Cocaine hydrochlorate, - - gr.ij.
Menthol, - - - - - gr.iv.
Boric acid, - - - - gr.xxx.
Finely powdered roasted coffee, gr.viij.
M.

**Fatal Delay in a Case of Obstetrics.**—Dr. H. F. Jackson writes as follows (Atlanta *Med. and Surg. Jour.*): I was called to see a lady on the 12th inst. who had been in labor seventy-two hours. She lived five miles from this place. I arrived about eight o'clock at night and found an old midwife and a so-called doctor present. The "doctor" invited me in to take supper, but I declined until I could see what was the patient's condition. This was found to be very weak and exhausted. On examination the lower pelvis proved to be empty, and the os being dilated, I carried my hand into the uterus and found a large hydrocephalic child. The feet were brought down and the body of the child quickly delivered. The head could not pass. I therefore opened it with instruments, the water escaped and delivery was readily accomplised. The time occupied in the entire operation was thirty minutes. The woman died but I always think that if she could have been delivered even four hours sooner she would be alive to day. I hope the people will soon find out the difference between midwives, quacks and doctors.

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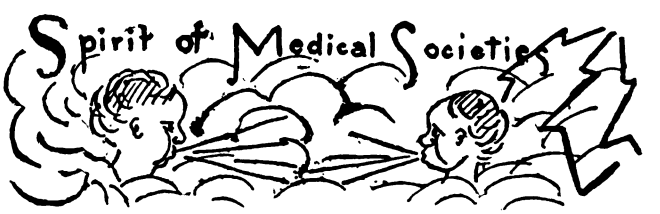
**An Improvised Catheter.**—Dr. D. G. Lewis writes (*Brit. Med. Jour.*): A basket maker came to me a few months back. He said he had struck himself with one of his tools, and then found he could not pass water. He had then passed a hairpin into the urethra, as he had been told by a fellow workman that this was the best way of drawing his water; and he now could not get the hairpin out or pass water. I could feel the hairpin (about 3 inches long) in the urethra. It had been introduced as it was, bent part foremost, and the two points were embedded in the walls of the urethra about half an inch from the meatus. I got it out with some difficulty, and the man then passed water freely and laughed at the whole affair as if it had been a joke.

**Curious Case of Lead Poisoning.**—An hitherto unobserved case of lead poisoning has just been brought to light by Kustel. A man who came under his care had been wounded near the knee by a bullet that entered the head of the tibta, but failed to make its exit. The patient came with symptoms of lead poisoning—anemia, colic, anorexia, a blue line at the margin of the gums, and slight tremor of the hands; the urine contained lead, but no albumen. The primary wound was opened, and numerous plates and small fragments of lead were found in the periosteum and bone. The bone was found softened in a situation opposite the point at which the ball had entered. The symptoms persisted for a short time after the operation, but soon disappeared, and the patient made an excellent recovery.

**Gonorrhea.**—Dr. J. J. Paul says (*Times and Register*): Of late years I have had only a few cases. In one I gave acid boracic ℥ss, glycerine ℥jss. After pstient passed water I introduced soft catheter well into the urethra, and injected the foregoing. On withdrawing the catheter the glycerine and acid were stripped out into the urethra. Cotton was used to absorb any excess of the medicine. The discharges notably decreased after each injection, which was given about once each day. When discharges nearly ceased, direct application was stopped and the oil of sandal wood administered. The patient's improvement was rapid.

**Report on Intubation.**—The following has been issued by Drs. W. Cheatham and W. B. Pusey, Louisville, Ky.:

| | |
|---|---|
| Number done by Dr. W. Cheatham. . . | 56. |
| Number of deaths. . . . . | 34. |
| Number of recoveries. . . . . | 22. |
| Per cent of recoveries. . . . . | 39.28. |
| Number done by Dr. W. B. Pusey. . . | 70. |
| Number of deaths. . . . . | 37. |
| Number of recoveries. . . . . | 33. |
| Per cent of recoveries. . . . . | 47.14. |
| Total (both). . . . . | 126. |
| Total number of deaths. . . . . | 71. |
| Total number of recoveries. . . . . | 55. |
| Per cent of recoveries. . . . . | 43.65. |




## St. Louis Medical Society.

Stated meeting held November 19, 1892.

The names of Drs. L. Crusius and G. Pritchard were proposed for membership.

Dr. Johnston read a memorial prepared by the committee (Drs. Borck, Pollak and Johnston) on the death of Dr. Alfred Heacock, an old practitioner of this city, who died at Canon City, Colo., November 10, in his 80th year; over fifty years being devoted to the welfare of his fellow men in health and disease. In addition, Drs. Dudley and Johnston touched very feelingly on the life of Dr. Heacock, their deceased brother and friend. On motion it was decided to print the memorial in the Sunday papers and file a copy on the minutes of the St. Louis Medical Society.

Dr. Johnson was authorized by Water Commissioner Holman to state that the laboratory at Bissel's Point would be ready for operation in a few weeks, and invited the expert medical profession to make use of same to study the chemistry and bacteriology of our river water.

Dr. B. Lewis reported that the Society's new catalogue would soon be ready and requested that the members who had not yet received notice, report their names and addresses.

Dr. Hugo Summa read a paper on the ground-water theory in typhoid fever, relating to the history and diversity of medical opinion. He stated that the observations recently had not received sufficient attention from the profession. He spoke of the infection being but slight in hospitals, and how contagions produce only sporadic cases, never epidemics; to illustrate the ground-water theory, he presented the chart of Dr. Bincker, of Michigan, relating to the season and condition of the ground water, when typhoid fever was most prevalent. He also displayed a chart of the mortality in Munich, Germany, from 1866 to 1887, before and after perfect sewerage had been introduced in that city. The decline in deaths being very marked from 1883 to 1887 showed that perfect sewerage was an essential toward the eviction and prevention of further propagation of the bacilli of typhoid fever. His paper dealt with the subject intelligently and very interestingly.

Dr. Wm. Beggs read a paper on the pathology and physiology of typhoid fever and presented interesting specimens of the forms of the perforation of the intestines.

Dr. Meisenbach read a paper on bone, cartilages, and joints as affected by typhoid fever. He referred to the

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affections as rare, having met, during his practice, with but one case of bone involvement in which surgical interference was necessary. The patient, a boy, 9 years old, in the third week of the typhoid, had swelling and slight ulceration which were noticed in the right cheek. Examination revealed infection of the alveolar process (posterior portion) of the superior maxillary bone. He removed the sequestrum, healing taking place readily with patient entirely recovering. A photograph of the boy was exhibited.

Drs. McPheters and Grindon were down for papers on typhoid fever but were absent, so the subject will no doubt be continued at the next meeting.

**Warm Antiseptic Baths in Inflammations.**—At the recent meeting of the Missouri Valley Medical Society Dr. Wm. Jepson stated (Kansas City *Med. Index*) that whenever an extremity is injured, whether an open wound or contused, we have a *locus minoris resistentiæ*, and it is our business to protect the injured part and prevent, if possible, serious consequences. We have swelling, pain and inflammatory exudate to contend with, as well as the tendency to lead to pus formation, necrosis or gangrene in the severer cases. What shall be the local treatment?

1. Free incisions in various parts of the inflamed area to relieve tension.

2. To render the injured parts as nearly aseptic as possible.

3. To put the limb in such surroundings as to keep free from septic invasion.

4. To keep up the temperature so that death of the parts shall not occur.

These indications cannot be met entirely by the usual dry gauze dressings, it being impossible to maintain the proper temperature—a very important point. No poultice or fomentation can do it well, and besides, the poultice is filthy, while the fomentatious are apt to infect sooner or later. Warm antiseptic baths fulfill all the indications. A trough made of tin answers well, the whole limb being submerged, resting on an air or water cushion; at the distal end a faucet for emptying. This can readily be improvised. By frequently adding hot water the temperature can be kept from 110° to 115°, according to the feelings. The solution employed is boiling water, with the proportion of 1 to 10,000 bichloride of mercury. I have kept a leg in this for two weeks without any toxic symptoms, and have saved more than one limb that would otherwise have been necessarily amputated. When there are large cavities, drainage-tubes may be run in various directions and removed as granulation progresses, which is excessively rapid. Even if a slough occurs, the wound can be kept perfectly aseptic by constantly changing the water. After a few days, when the acute inflammation ceases, the usual dressing may be applied.

**Can We Prevent Secondary Hemorrhage After Ovariotomy?**—Dr. H. T. Hanks discussed this subject in a brief paper read before the American Gynecological Society (Boston *Med. and Surg. Jour.*). That it was worthy of consideration was evident from the fact that even to-day good surgeons occasionally had hemorrhage after ovariotomy. He had himself had two cases, in one the patient died, in the other he was able to save her life, by reopening the abdomen and securing the point of hemorrhage. It was necessary also to resort to transfusion. Three years earlier he had seen two cases in the practice of a friend, in one of which he himself reopened the abdomen, transfixed the pedicle, employed a saline solution and saved the patient's life. He had known of no fewer than ten deaths from this accident within the last five years. Could then rules be formulated for its prevention? This question was especially worthy of consideration by the younger members, who might have judged from their work that there was but one way of fastening the pedicle. The same procedure should not be practiced where the pedicle was wide and flat, as where small and round.

Where the tumor was large, after ligating the large artery and tying it as tightly as possible, quilt the broad pedicle in and out so that under no circumstances could the silk slip. In smaller pedicles, discover the artery if possible before transfixing and pass a transfixing needle to one side of it and tie thoroughly. In other words, in small pedicles be sure not to split the artery, or pedicle, by too much traction in tightening the ligature. In removal of the diseased tubes and ovaries, if diseased and embedded in old adhesions, there would be only small arteries to deal with and almost any well tied ligature would hold. He advocated no special ligature, either silk or catgut would do, but should be quite aseptic. If catgut were employed, make the first part of the knot with one turn, the second part with two turns.

**Fracture of Orbital Plate.**—Dr. K. Pischl presented to the San Francisco Society of Eye, Ear, Nose, and Throat Surgeons (*Occ. Med. Times*) the case of a lad 16 years old, who, eight years since, fell some little distance, striking the right cheek, from which injury there still remains a small scar over the right malar process. *Status presens*—Right eye turned upwards, moves upwards and downwards freely, but cannot be brought down as far as the left eye. Outward and inward motion is normal. Patient sees double, images homonymous. The right image being lower than the left, the images maintain the same relative position on movement of the eyes. Left eye 1° hypermetropic. Right eye hypermetropic and astigmatic. Right eye sets deeper in orbit than the left. Evidently a disturbance of function of the inferior rectus muscle. The speaker suggested a fracture of the orbital plate as a probable cause. He proposed to do a tenotomy of the superior rectus to correct, if possible, the diplopia.

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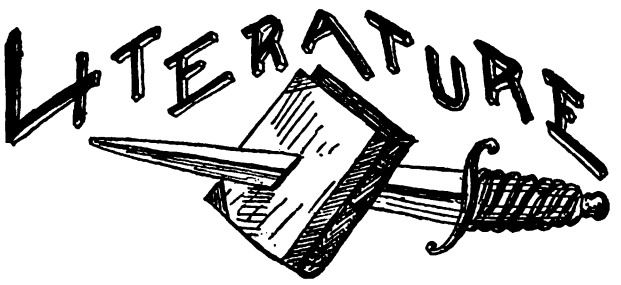


**International Clinics:** A Quarterly of Clinical Lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain, and Canada. Edited by John M. Keating, M.D., J. P. Crozer Griffith, M.D., J. M. Mitchell Bruce, M.D., F.R.C.P., and David W. Finlay, M.D, F.R.C.P. Vol. II. July, 1891. 8vo., pp. 356. [Philadelphia: J. B. Lippincott Company. 1891.

The International Clinics is one of the publications of which Americans may justly feel proud. The publishers have undertaken and successfully carried out a stupendous work which will ever remain a monument to their enterprise and interest in medicine. In the volume before us we have the second quarterly issue which is not only up to the standared established by the first, but rather surpasses it in our opinion. The entire work will comprise a series whose value cannot be estimated so far as usefulness is concerned as well as applicability to the daily exigencies of medical practice.

The lectures, which are given are by men well known on both sides of the Atlantic and are neither perfunctory nor elementary. They are in reality a reflex of the matured experience of those who have delivered them; and, in addition, their clinical character is such as to give added value making each volume a veritable post-graduate course which obviates the necessity of absence and travel. The magnificent illustrations and plates which are liberally interspersed give a clearer comprehension of the subjects touched upon and also add a certain amount of vital interest to the discourses which no other means, save the actual presence of the patients, could secure.

In the present volume we have a most excellent portrait and well written memoir of Dr. Joseph Leidy. Then follow the lectures, an enumeration of which would occupy more space than we have at our disposal at present. Suffice it to say that each branch of medicine and surgery is dwelt upon and not one of the lectures can be read without deriving profit from it. As an educator we do not know of any work superior to the one under consideration. As a reflex of the methods of practice pursued by different authorities it is simply without a peer.

From a purely mechanical point of view these volumes are superb and we cannot see how any physician having the slightest pretensions of being a reading man can afford to be without a copy of the International Clinics. Being published quarterly ample time is afforded to read and digest the contents of each number.

**A Dental Society** has been organized at Rome, Italy, under the presidency of Signor Francesco Serletti.

**Dr. Warnots,** of Brussels, has been appointed Professor of Operative Medicine in succession to Dr. Tirifahy, who has resigned.

**Dr. John Rowland Gibson,** Surgeon to the Newgate Prison for fifty years past, died suddenly in the street a few days since from heart failure, at the ripe age of 78.

**Frau E. A. Kuhn,** who died recently, has bequeathed 143,000 roubles ($71,500) to the city of Moscow for the building of an annexe to the Municipal Lunatic Asylum of that city.

**An Outbreak of Diphtheria,** which in pro portion to population is said to be as severe as the cholera epidemic at Hamburg, is reported at Sagan, in Silesia. The mortality is very high.

**A Four-Years' Course for Cooper Medical College.**—It is with gratification that we are able to announce, authoritatively, that Cooper Medical College has decided to adopt a four years' course as essential for graduation.

**Dr. Ludolf Krehl,** of Leipsic, has been appointed Professor and Director of the Medical Policlinic at Jena. Dr. Wagenmann, of Heidelberg, has been offered an Extraordinary Professorship of Ophthalmology, with the charge of the eye clinic.

**In Memory of Claude Bernard.**—The Paris Societe de Biologie is authorized to receive from MM. Berthelot, Charcot, and others a sum of 3,068 francs, subscribed for the purpose of founding a prize in memory of Claude Bernard. The prize will be awarded for original work in experimental biology.

**A Medieval Remnant.**—The following inscription, which is from a notice affixed to the portal of a doctor's residence at Trani, in Southern Italy, and may be found in Rois's "Land of Manfred," London, 1889, may interest our readers, and perhaps be of value to the scientists who compile the annual supplement to the British Pharmacopeia: "Professor Ricca.—The said Professor Ricca will use for making his salves live snakes and large serpents, wolves, bears, monkeys, marmots, weasels, and numerous other kinds of wild animals, alive and in good condition."

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**A. M. Levy** has bequeathed to the French Academy of Medicine a sum of 50,000 francs ($10,000), the interest of which is to be handed over every year to the Pasteur Institute, to be applied in the furtherance of researches on diphtheria. The capital sum will be given as a prize to the discoverer of a genuine cure for that disease.

**Dr. F. C. Durant,** of Folsom, Cal., died of apoplexy October 15, 1892, being that day 44 years old. He was visiting a patient at some distance from town and had finished his examination. On attempting to arise from his chair it was seen he was unable to do so, and after several unsuccessful efforts, he sank into his seat saying, "paralysis." He only survived the attack a few hours.

**The Russian Medical Society.**—The Russian Medical Society entered on the fifty-eighth year of its existence September 24. The Society now numbers 70 honorary, 207 ordinary, and 26 corresponding members, being an increase of 7 in the membership as compared with last year. During the year seventeen meetings were held, at which thirty-five papers were read. Professor Iwanowski was elected President for the ensuing year, Dr. N. J. Ssokoloff being at the same time appointed Secretary.

**Stramonium Stuffing.**—The proprietor of a temperance hotel who suffered from asthma, for relief used to smoke a mixture of stramonium and belladonna, which was kept in a jar in the pantry. Recently the cook, who was preparing a goose for dinner, by mistake went to the jar and took out a large handful of the mixture and stuffed the goose with it, believing it to be sage. All who ate of it had the characteristic symptoms of stramonium poisoning—and dryness in the throat, dilatation of the pupils, etc. They were relieved by emetics.

**An Old Cholera Recipe** has just been brought to light that had almost fallen into oblivion, but thanks to our helpless efforts the palladium has again been discovered:

℞ Ext. nucis vomici spir., - - 0.63.
Tinct. opii simpl., - - - 3.75.
Guttar looenzi, - - - - 7.50.
Tinct. cinnamoni,
" cascarill,
" colombo,
" ratanhæ, - - - aa 15.00.
" zingiberis, - - - 7.50.
" aromat., - - - - 11.00.
" capsici annusi, - - - 3.75.
Ol. calami,
Ol. menth. piper., - - aa gt.x.
M.

Sig. Take one teaspoonful of this mixture every quarter of an hour in carefully prepared peppermint tea.

**St. Petersburg Military Medical Academy.**—The contest for the chair of Special Pathology and Therapeutics lately vacated by Professor Manassein, editor of the *Vratch*, has been unusually severe. The result is that the Professorial Conference has by a considerable majority selected Dr. Nilus Ssokoloff.

**Contaminated Ice Creams.**—Certain local outbreaks of typhoid fever in the metropolis and elsewhere have been traced, in a more or less incomplete fashion, to the milk which is currently supposed to enter into the composition of the frigid delicacy, ice cream, dear to the small fry of our street (*Hosp. Gaz.*). According to some recent analyses, however, it would seem that in many instances no milk is used, the frozen mass consisting merely of sweetened gruel. The post ice cream typhoid hypothesis under these circumstances reminds one of the case of chronic lead poisoning reported some years since in a leading medical journal, in which the practitioner ingenuously ascribed the absorption of the poisonous metal to the patients habit of licking the pointed extremity of a *lead* pencil!

**The Bristol Medical School,** like many others nearer home, experiences a dearth of "subjects," and an application was recently made to the Bath Board of Guardians to be allowed to make use of unclaimed bodies for anatomical purposes. The retired Indian generals, among whom the Bath local authorities are largely recruited, expressed the opinion that such an application was "ridiculous," and when this was explained away their reply was, "Let them go without." Without wishing to be uncharitable, one could almost wish that these obstinate and doubtless irascible gentlemen were compelled to be treated for their gout and enlarged prostates by medical men without any knowledge of human anatomy. Their fussy and irrational sentimentality would probably soon yield to the pangs which such ignorance would not fail to cause them.

**Royal Academy of Medicine in Ireland.**—The tenth general annual meeting of the Royal Academy of Medicine in Ireland was held Otober 28 in the College of Surgeons. The officers for the ensuing session are as follows:

President—G. H. Kidd.
General Secretary—William Thomson.
Secretary of Foreign Correspondence—J. W. Moore.
Medical Section—President—Walter G. Smith.
Surgical Section—President—Edward Hamilton.
Section of Obstetrics—President—A. J. Horne.
Section of Pathology—President—C. J. Nixon.
Section of Anatomy and Physiology—President—H. J. Broomfield.
Section of State Medicine—President—E. M'D. Cosgrave.

The report showed a balance in hand of £76 16s. 6d., after payment of all expenses for the year.

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**An Aspiring Chicago Lecturer** on Children's Diseases states that he expects soon to be made full professor of pederasty.

**The Number of Students** in the two medical colleges of Omaha this year is 78. The Omaha Medical having 57 and the John A. Creighton 21.

**A Boy Sentenced to Death in the Electric Chair.**—A Brooklyn boy, only sixteen years old, has just been sentenced to death for murdnring an infant.

**A Saint Louis Physician** reports that there are no less than twenty thousand persons in that city who habitually practice hypodermic injections on themselves, the great majority being women of the well-to-do classes.

**It Would be Instructive.**—"There is one thing which patent-medicine vendors might do," says an exchange, "that would make even greater demands upon newspaper space, and that is to publish cuts of those who have tried their medicines, and died." Here is a valuable suggestion, that we would commend to the serious consideration of any new firm of cancer or catarrh "specialists" intent on driving older rivals from the field.

**The Infectiousness of a Cholera Convalescent.**—The recent epidemic at Hamburg has afforded opportunity of studying the lenth of time that it takes for the comma-bacillus to disappear from the dejections of convalescing cholera patients. Large quantities of bacilli have been found after the patient has for all practical purposes entirely recovered his health. This suggests the necessity of keeping a careful supervision of patients who otherwise are ready to be discharged.

**The Graduate** of a Michigan educational establishment, and a practitioner of medicine, was called upon to certify to the insanity of one of his patients. His certificate alleges that his patient "Imagines he ones the welth of the State of Michigan and is vry Troubl Some with his neighbors emagenin them to do hime & his family harm keeping them in terror all the time with wakefulnes all night keeping all the family from rest & all comforts of home." Surely the physician must have some paragraphic lesion himself, casting doubt on his sanity as a practitioner.

**Periodicity of Venereal Diseases.**—Dr. Mounier, of Utrecht, is a disbeliever in the efficacy of the regulation of prostitution in diminishing venereal diseases (*Ex.*). "The fluctuations of venereal diseases," he said, in concluding a report on the occurrence of these diseases in the Belgian army, "appear to follow constant general laws. These maladies increase and decrease without the least reference to the feeble efforts of the police sanitary regulations which are intended to put a stop to them."

**A Waste of Material.**—A health journal recommends a cannon ball as a cure for constipation. Why not try smaller shot first? asks the *Pharmaceutical Era*. It has been tried and proved a howling success. Ask us something hard.

**Dislocation of the Jaw.**—Monteggia reports the case of a woman who dislocated her jaw while endeavoring to remove with her fingers a small lemon-seed which had become lodged between the last two molars. She had probably weakened the jaw by overuse.

**Leprosy in Jamaica.**—Dr. Donovan, the medical superintendent of the Lepers' Home at Spanish Town, Jamaica, in his annual report just published, makes a strong plea for the isolation of lepers in that colony. He recommends the adoption of the Norwegian system under which any leper not properly isolated at home can be compelled to enter a hospital. The new law suggested would forbid lepers to engage in the occupation of a baker, barber, butcher, fisherman, teacher, seamstress, tailor, washerwoman, or water carrier, or have anything to do with the preparation of food or clothing; it would also debar them from traveling in public conveyances and from attending schools, churches, theaters, or markets. Dr. Donovan's researches strongly uphold the theory that leprosy is only got by contagion. In the course of his report he describes a series of experiments on three patients in advanced stages of the disease (carried out with their consent), with the object of testing Dr. Koch's inoculation treatment. The result of nine months' experience is negative. During the year, Dr. Donovan has had in the home under his care 116 lepers and 24 other patients.

**A Homeopathic Formula.**—A contribution to the *Medical Current* (hom.) says: A number of centuries ago a certain king of Jerusalem caused the remark to be recorded that there was "nothing new under the sun." Could this reputed wise man have foreseen the present age of steel—and brass—he would not have given vent to the above mentioned observation. It has been reserved for the present day and generation and for a manufacturing pharmacist to invent and proclaim a most wonderful thing, viz., a "homeopathic formula" (!).

In Mumaw's Directory of Homeopathic Physicians there is an advertising inset, on which the firm of —— & Co. announce "A Homeopathic Formula."

This is the formula:

| | |
|---|---|
| Euonymin | 1-8 gr. |
| Cascara | 1-8 gr. |
| Juglandine | 1-8 gr. |
| Apocynin | 1-16 gr. |
| Leptandrin | 1-16 gr. |
| Aloin | 1-60 gr. |
| Soda bicarb. | 1-32 gr. |
| Ol Menth. pip. | 1-20 gr. |

Sig. one (pil) before retiring.

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**The Kershaw Hospital for Children,** in connection with the Ashton and District Infirmary, was opened October 13. It is the outcome of an offer by Mr. James Kershaw, Delamere Place, Ashton under-Lyne, to give the sum of £4,000 for the erection of a children's hospital.

**Dissolution of a Paris Medical Society.**—The Society of Practical Medicine, which till recently figured on the roll of learned societies in Paris, has ceased to exist, having been dissolved by decree of the Prefect of Police, dated September 30, 1892. The members of the Society, in general meeting assembled, had previously resolved to commit *kara kiri*. Another decree of the Prefect of Police, bearing the same date, authorizes the Society to rise Phenix-like from its own ashes, under the style and title of "Societe de Medicine et de Chirurgie Pratiques de Paris," which includes most of the members of the defunct Society. To the American mind the idea of a medical society existing as it were by a grace of the Chief of Police would be somewhat startling; but then things with us are not ordered so logically as they are in France.

**Running Down the Quacks.**—It is now about fifteen years since the Medical Society of the County of New York began a crusade against quacks (*Med. Rec.*). It went to work at first in a small way, with very little favorable legislation behind it and rather crude methods of carrying out its purpose, but little by little it has gained strength until it now has undertaken the task of keeping quack doctors out of the city. About two years after the County Medical Society began this sort of work the State Dental Association joined the hunt, and now both societies are in it hand in-glove to rid the town of illegal practitioners. There is no scarcity of detectives. Most of them are woman, and often they serve both societies. There is one, Miss Bertha S——, who has done well in both lines. Miss S—— is a pretty, innocent looking, German girl, but she knows almost enough medicine to be a doctor, and she has one molar with a large cavity. To the Medical Society she was invaluable. There were few diseases Bertha couldn't have. She knew the symptoms of almost all of them and described them glibly. Then the quack told Bertha what ailed her with more or less accuracy, and gave her some medicine, to be arrested next day on Bertha's complaint and fined from $50 to $200. In a dental way Miss S—— was very useful, and all on one tooth. She let one quack put cement in it; then she had him arrested. Then she went around the corner a day or so afterward and let quack number two change the cement for amalgam filling. This cost quack number two $50. Quack the third paid a similar sum for changing the amalgam filling for gold, and then an officer of the Dental Society unfilled Bertha's tooth and it was ready for business again. * * * Bertha almost cleaned out Brooklyn for the Society, but at last she came to be known and some of the quacks refused to treat her.

**An Impeachment.**—The editor of the New England *Medical Mothly* says he is informed that the regular profession in Louisville consult with homeopathic physicians freely and whenever an opportunity presents itself "for a fee." *Medical Progress* wishes to deny this. The homeopathic members of the faculty of Louisville amount to but little. It is rare that one hears of a homeopath, and we can not help believing that our contemporary has been grossly misinformed.

**The Painlessness of Death.**—According to the *Medical Record*, a writer in the *Pall Mall Gazette* has given an account of his sensations while dying. He fell under the ice while skating, and when brought out by some others who had seen him disappear, was seemingly dead, and was resuscitated with great difficulty. In describing his sensations while dying, he says: "I gasped and swallowed a great deal of water. I felt my lungs filling. A moment of suspense, during which I knew perfectly well I was drowning, intervened; and then—I died. I was drowned and dead. Just before I died, however, I noticed—deliberatoly noticed, for I am psychological by nature—that my whole past life did not come up, as I had been given to understand it would, in a single flash before me. * * * The knowledge that I have thus once experienced in my own person exactly what death is, and tried it fully, has had a great deal to do, I think, with my utter physical indifference to it. I know how it feels, and, though it is momentarily uncomfortable, it isn't half so bad as breaking your arm or having a tooth drawn. In fact, the actual dying itself, as dying, is quite painless; as painless as falling asleep."

**Appreciation.**—The *National Druggist* quotes Henry George's opinion of the propriety and justice of the druggist's charges: When I go to a druggist's and buy a small quantity of medicine or chemicals, I pay many times the original cost of these articles, but what I thus pay is in much larger degree wages than profit. Out of such small sales the druggist must get not only the cost of what he sells me, with other costs incidental to the business, but also payment for his services. These services consist not only in the actual exertion of giving me what I want, but in waiting there in readiness to serve me when I choose to come. In the price of what he sells me he makes a charge for what printers call "waiting time." And he must manifestly not merely charge waiting time for himself, but also for the stock of many different things only occasionally called for, which he must keep on hand. He has been waiting there with his stock in anticipation of the fact that such persons as myself, in sudden need of some small quantities of drugs or chemicals, would find it cheaper to pay him many times their wholesale cost than to go farther and buy larger quantities. What I pay him, even when it is not payment for the skilled labor of compounding, is largely a payment of the same nature as, were he not there, I might have had to pay it to a messenger.

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**Puritus Vulvæ.**—Dr. W. S. Dishaore says piperazine ($C_4$ $H_{10}$ $N_2$) gives relief in the unpleasant symptoms of this when given alone or with hydro chloric acid.

**A Rusher.**—A seedy looking individual presented himself at the office window of Rush Medical College the other day, and asked Clerk Gould if Dr. Rush were in, as he wished to consult him in regard to a surgical operation.

**The Corpuscle** for the first time in this scholastic year now greets its readers. Inspired with the reception we received from the students, alumni, and medical faternity in the past, the editorial board has entered upon its task *sans puer*, and trusts that at the close of the year it may emerge *sans reprochi*.—We quote this from the *Corpuscle* which is as good a journal as its French is execrable.

**Dr. Oliver Wendell Holmes** is now at work dictating reminiscenses of his long and well-filled life. He has not, it is stated, yet made up his mind whether they shall be published during his lifetime, or kept till he is beyond the reach of reviewers—and interviewers. In the latter case we hope the delay in the appearance of the book may more than fulfill the Horatian precept *Nonum prematur in annum*.

**A Unique Hat Stand.**—*The Western Daily Mercury* states that Dr. Ambrose Carlackey, of New York, has in his study what is perhaps the most gruesome piece of furniture in the United States. He was presented with it by an Austrian medical student some twenty years ago while studying in Vienna, where he became an intimate friend of the young Austrian, who died shortly after Dr. Carlackey returned to the United States and left him the strange and startling article of furniture by will. It is the skeleton of a very large man standing erect with the right hand grasping a long spear. This is of oak with a number of projecting pegs formed of the bones of the upper arm run through the wood, and it is used as a hat rack. In the centre of the skull is set a clock, and the ribs form a cage in which Dr. Carlackey keeps his pet cockatoo, a splendid white bird, with a light yellow plume. It is rather close quarters for the cockatoo; but it is allowed a great deal of liberty, and when not caged in the skeleton sits on top of the skull. The doctor has taught it to say, 'We're only mortal,' and when these words are pronounced from the skeleton's interior, or even from the top of its skull, they are calculated to make the most volatile of the doctor's visitors do a little thinking. Many of his office patients have never seen it, as it can be screened off at a moment's notice by a baize curtain. The best thing Dr. Ambrose Carlackey could do would be to hand over this ghastly relic to the nearest medical museum, substituting a nineteenth century hat stand

**Be Consistent.**—One of our exchanges has frequent attacks of brightness, whereby it endeavors to give its readers sound advice in short sentences (*Nat. Med. Rev*). On one page we read, "It never takes a fool but a few minutes to tell all he knows." On the next page, just over the leaf, we read again, "None preaches better than the ant, and she says nothing." If one of the most intelligent of the lower animals says nothing, and if a fool can tell all he knows in a minute, what is a poor mortal of an editor to do? As there is not a single editorial in this number of the journal referred to, we shall be obliged to class its editor with "one of the most intelligent of the lower animals."

**His First Case.**—A Correspondent of the *Practitioner and News* writes as follows: In conversation with a very wealthy young man the other day, he related an experience with a recent graduate on whom the odors of commencement day flowers and the dissecting room were still fragrant. "While at my country place this summer I suffered severely with asthma. As you know, I have been under the treatment of doctors all over the world, and I know pretty well what will relieve me, and that is a hypodermic of morphine. My attacks always come on late at night, and of course I sent for the nearest doctor. The first visit is still pictured vividly before me now. There came a timid rap at the door, and on my impatient summons, 'For God's sake, come in,' the blushing, beardless medico turned the knob the wrong way several times and finally waited for the door to be opened. I feel sure this was his first call. There he stood hesitating whether to back out or not, but finally stumbled over the sill and fell into my presence. In bowing to my wife his glasses fell of, and in picking them up he turned over a small table with some valuable china. If I had not been so sick I would have assured the poor fellow, but you know how I am when suffering one of these attacks. As I lay there gasping for breath and wheezing like a tow-boat, he felt my pulse and asked about my bowels. My patience as well as my breath were about exhausted, and between gasps I yelled out —'D-n—it—sir—don't you—see—? Give me a hypo—dermic—. Give me a grain—quick.' Warm water was ready for him in a glass which was handed him, and with some encouragement from my wife he tried to load his syringe. The tablet wouldn't dissolve; it looked as if his thumb and his fingers would never fill the syringe, and when finally, after numerous efforts, he accomplished the task, I thought he would never get the needle through the skin. The needle left a large blotch, which lasted several days and was very painful. Still, everything to the contrary, I called him quite a number of times, and the last visit he paid was quite a contrast to the first. He came in gracefully, with self-assurance, and the needle didn't leave a blotch. I know that I have started him on the right road, and that mine was a valuable experience for him.

"To conclude, with the knowledge that I was rich he

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sent in a bill that would stagger some specialists, which I paid without a murmur."

**Antidote For Carbolic Acid.**—A strong solu tion of sodium sulphate, introduced into the stomach through a tube if the patient is unable to swallow, is reported to be an efficacious antidote in cases of poisoning by carbolic acid.

**Dutch Prescription for Indigestion.**—The following is a translation of a prescription sent to the *Prescription* by a correspondent of that journal; as an examply of popular polypharmacy, it is refreshing:

℞ Orange peel, 10 cts., - - No. 1.
Whole cinnamon, 10 cts., - No. 2.
Nutmeg flowers, 10 cts., - No. 3.
Nutmeg nuts, 10 cts., - - No. 4.
Fresh violet root, 5 cts., - No. 5.
White ginger, 5 cts., - - No. 6.
Cardamon seed, 5 cts., - - No. 7.
White nettle flowers, 5 cts., - No. 8.
Laurel leaves, 5 cts., - - No. 9.
Paradise seed, 5 cts., - - No. 10.
Quinces, 5 cts., - - - No. 11.
Calamur, 5 cts., - - - No. 12.
Prepared corriander seed, 5 cts., No. 13.
Galangal root, 5 cts., - - No. 14.
Rosemary blossom, 5 cts., - No. 15.
Long pepper, 5 cts., - - No. 16.
Anise seed, 5 cts., - - No. 17.

**Bishop's Vivisectors.**—The Trial of the Mind Reader's Alleged Murderers Again Postponed says the Toledo *Medical Compend.*

The case of Drs. Frank Ferguson, John A. Irwin Irwin H. Hance, jointly indicted on a charge of illegal dissection, was on the trial calendar of general sessions in New York last week, but was adjourned until June 28, owing to the absence from the city of one of the defendants, who are each under $1,500 bail for trial.

Many sensational developments are looked for when the case is brought to trial, owing to the fact that the victim to the alleged brutal operation was Washington Irving Bishop, the "mind reader," who died at the Lamb's club, May 18, 1889, under unusual circumstan ces, and also to the fact that his mother claims that her son was only in a trance when the autopsy was performed. Washington Irving Bishop went to the Lamb's club on the night of May 12, 1889, upon the invitation of Henry Dixey and Sydney Drew to give an exhibition of his mind reading. While doing so he fell into a trance from which he could not be awakened by ordinary means. Dr. Irwin, after several hours' work, succeeded in partially restoring him, but he went into a trance again, and at noon of May 13 he was declared dead and soon afterward the autopsy was made. Mrs. Bishop says she has a witness who will testify that he heard Bishop cry out "help" as the surgeon's saw entered his brain.

**Diarrhea in Infants.**—Graham recommends the following:

℞ Bismuth salicylat., - - - - ℥j.
Naphthol, - - - - - gr.vj.
M. Ft. chart, No. xii.
Sig. One powder every three hours.

**Pil. Rhei et Aloes Compositæ.**—"Rag's Pills."

℞ Rhei pulv.,
Aloes,
Gentianæ pulv.,
Saponis pulv., - - - aa gr.xx.
M.
Divide into twenty pills.

**An Antiseptic Powder.**—Cazozzani recommends the following (*Rev. gen. de Clin. et de Ther.*):

℞ Pulv. camphoræ, - - - ℈v.
Pulv. bismuthi subnitrat.,
Pulv. acidi salicylici, - - aa ℈xx.
Pulv. iodoformi, - - - - ℈lv.
M.
Sig. As an application to wounds and ulcerous surfaces.

**Pagliari Water.**—The formula of "Pagliari Water," an old remedy much used as a hemostatic, is given as follows in the *Union Pharmaceutique*:

℞ Alum, - - - - - - grm.c.
Benzoic acid, - - - grm.ij.
Tincture of benzoin, - - grm.x.
Water, - - - q. s. ad liter, j.
M.
The benzoic acid and tincture of benzoin are added to the alum dissolved in hot water; stir, cool, and filter.

**Clemen's Solution.**—The following is the formula according to the *Prescription*:

℞ Acidi arseniosi,
Potassi bicarbonatis, - aa gr.lxxiij.
Bromi, - - - - - gr.cxvij.
Aquæ, - - - - - q. s. ad ℥xvj.
M.
Boil the arsenious acid with the bicarbonate of potassium and ℥ij of water until solution is effected. Allow to cool, and add ℥x of water, then the bromine, and, lastly, enough water to make ℥xvj. Let the mixture stand a few hours, agitating occasionally, then filter.

NOTE.—This solu ion contains an amount of arsenic in combination, representing, approximately, 1 per cent of arsenious acid.

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**Would Take an Additional Bottle.**—Customer—How much do you charge for the new cough syrup which you advertise?

Clerk—Two dollars for the first bottle and one dollar for each additional bottle.

Customer—Then I think I'll take an additional bottle. I can get along without the first.

**Association of Ideas.**—"I want something," said a farmer, as he entered a Michigan avenue drug store the other day.

"Well, what is it?"

"I didn't tie a string round my finger, but I guess I can get around it all the same. What's the name of the lake below us?"

"Lake Erie."

"Exactly. What's the name of the bay the boat runs to?"

"Put-in Bay."

"Correct. Now, then, who put in there?"

"Perry."

"Straight as a string. I want ten cents' worth of perry goric. My old woman said I'd be sure to forget it, but here's proof that I didn't."

**An Amusing Contretemps** occurred the other day in Old Orchard, said a suburbanite to the Man About Town. A certain devoted hubby remarked to his spouse on their homeward way from a party:

"My dear, you didn't seem to enjoy yourself this evening."

Whereupon the lady explained that one of those things of which Job had so many was located upon her shapely shoulders.

"Oh, that's nothing," returned her liege lord; "call in Dr. —— and have it lanced."

"I don't want Dr. ——," answered the lady, "he is an old flame, but hubby, dear, you might call in that young doctor who passes our door with the little satchel every morning."

Well, the young man was called in the next morning and solemnly conducted into the lady's bed-chamber, where the voluptuous shoulder and malignant boil were duly exposed to view. He gazed at the eruption long and abstractedly.

"What do you think of it?" queried hubby, growing anxious.

"I think it requires the services of a physician," was the reply.

"Why, aren't you a physician."

"No; I'm a piano-tuner."

**The Mexican National Railroad Company** has decided to organize a customs agency at New Laredo, Mex., for the dispatch of freight to points in Mexico.

**Why Should Not** the National Association of Railway Surgeons be represented in the proposed railway congress in connection with the World's Fair? Such a congress should not be attempted unless every principal department of the railroad service is represented, and certainly as Dr. Conn says, the treatment of the injuries incident to that service and the best methods of preventing them and caring for them after they occur are subjects well worthy of a space and consideration at this great international exposition.

**Worth Remembering.**—Among the railroads entering St. Louis, one of the most popular of the lines to all points east, southeast and northeast is the Ohio & Mississippi Ry. It is the only line running all trains through solid from St. Louis to Cincinnati; the time being less than ten hours; and the only route by which passengers can take sleeping cars from St. Louis to New York via Washington, Baltimore and Philadelphia, without change.

The O. & M. has the enviable reputation for speed, comfort and safety, and the regularity of its trains is proverbial with the traveling public; and in practice it almost realizes the ambition of every railroad management—to have trains always on time.

The popularity of the O. & M. Ry. compels it to run three daily trains to Cincinnati and two to Louisville, to accommodate its steadily increasing travel; fully 95 per cent of the business from St. Louis to and vis Cincinnati eastward being accredited to the O. & M.

Both the day and night express trains of the O. & M. Ry. are equipped with elegant vestibule day coaches and Pullman vestibuled buffet sleeping cars. Pullman buffet parlor library cars are also on day express and reclining chair cars on night express trains.

All trains of this line connect in Union Depots with those for points in above named territories.

See that your tickets read via the popular O. & M. Ry., for sale at offices of connecting lines.

For further information, call on or address J. B. Warfel, Gen'l Agent, Passenger Department, Ohio & Mississippi R'y, 305 North Broadway, St. Louis, Mo.

W. B. Shattuc, Gen'l Passenger Agent, Cincinnati, Ohio.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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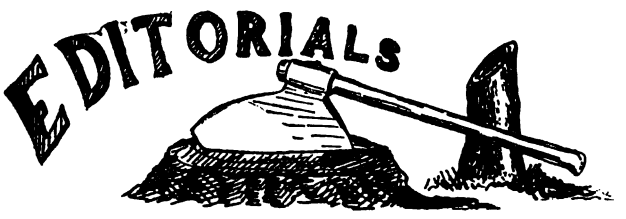


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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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## Medical Hocus-Pocus.

Mysticism has not as yet disappeared. It still holds sway to a certain extent and it continues to dominate the human race to a large degree. The methods used at present are certainly less crude than they were centuries ago; but, they are of the same in kind if not in species. Medicine has not escaped its influence, since its birth was surrounded by the mystic and secret lore of the ancient priests. Among the more prominent medical mystics of comparatively modern times Paracelsus stands forth a shining light. He had many imitators but they never could succeed in attaining his prestige, for they could not as thoroughly mystify themselves as he seems to have done. His works to-day are apparently a farrago of ravings, the senseless monologue of a medical maniac. Yet there are those who pass their time in a vain endeavor to unravel the meaning of what they are pleased to denominate mystic writings in which are shrouded the very arcana of nature. To the initiate everything is clear, but to the novice naught can be gotten out of it. We are still looking for an initiate, but the race seems to have joined the dodo and is apparently extinct. Another class of mystics who dabbled in medicine were the alchemists and their writings, to one unacquainted with their peculiar verbiage, would appear as arrant nonsense. Yet a comparatively small amount of research has completely unraveled their mysticism and has rendered clear and intelligible their experiments in chemistry and pharmacology. Yet, in their day, these persons were looked upon as being in league with the Evil One, simply on account of the mysticism and hocus-pocus with which they invested their work.

We do not desire to exhaust the historical aspect of the subject, but will at one step come to more modern times and see how the same tendency exists to-day and is fostered much in the same manner by those whom fortune has favored with perhaps a little more than the ordinary share of intelligence. As our readers are presumably well aware, specialties in medicine have not only increased in number, but they have inaugurated each one its own literature. In each one special training is an essential and, by means of this training, certain advantages accrue to the individuals pursuing the same specialty. As a result of constant study and work in a special field we note the adoption of special nomenclatures incident to such a specialty which is understood by every one in it but which, unfortunately, is a sealed book to the majority of those who find themselves without the limits of the charmed circle. This, however, would be well enough in itself under certain conditions; but, the very circumstances which would mitigate such a state of affairs have been totally disregarded, and as a result of this action much that is of the greatest value as well as of the highest interest has come to be looked upon as hocus-pocus. Nay more, some have gone so far as to call it humbuggery, when in reality it was science. They knew no better and, whilst the aggrieved ones felt sorry that they had "cast pearls before swine," we cannot at all agree with them more than with their traducers for both are what are known in mathematics as incommensurate quantities.

To be more specific we desire to call attention to a peculiarity which we have recently noted and which has had much to do in suggesting what we have already said. It is a circumstance which has elicited bitter complaint and justly so, in our humble opinion. The oculists, for instance, no longer confine their papers to

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ophthalmological journals, but have invaded the field of those which purport to be devoted to the general practitioner. We do not mean to imply that the ophthalmologist should not contribute his share to the enlightenment of the profession in general. But he should do this and confine himself to that task and not endeavor to go beyond it. As matters now stand, we find the most abstruse studies upon optics and upon some of the most difficult technical questions connected with the purely mathematical part of ophthalmology finding their way into journals supposed to be interested in the instruction of the physician. The papers to which we allude teem with formulæ involving the higher mathematics and the authors very lucidly point out the correc tions they make by means of certain glasses which are represented in prescriptions which no one but an expert can understand. Not only this, but worse is done. Every ophthalmologist of any reputation, invents a nomenclature of his own so that even his brother specialist cannot understand the facts in the case until he familiarizes himself with the writers' peculiar method. To the ordinary physician who is desirous of obtaining information, the cabalistic signs which confront him either make him suspect that the entire affair is hocus-pocus; or, he will regard the knowledge of that writer simply incomprehensible and he will pass over the article making a mental reservation not to attempt to read any more of that author's contributions.

The same might be said with equal truth of the contributions of many electropathic experts and neurologists. If the diopters of the oculist are nothing but mystic emblems to the general medical reader, what can be said of volts, ohms, farads, etc., so for as any appre ciation of their true value is concerned? Both branches indulge in a species of short-hand which none but the very elect can appreciate and understand. Not only is a deep significance attached to letters, figures, plus and minus marks, but symbols must be interpolated to make the meaning clearer. The clearness which is obtained is indubitable but it is only the very few who are enabled to profit thereby. The *Oi polloi* cannot do aught but turn wearily away and regret the amount of space which has been wasted upon what they are pleased to call hocus-pocus. Kineso mechanics is another branch in which much of the same thing is indulged in. Here the algebraic formulæ are supplemented with geometrical figures exemplifying problems in mechanics of the highest value both from a physiological point of view and from an orthopedic standpoint. It is indeed a pleasure to read these for the one who is conversont with the subject; but to him who has had but little or no facilities to study the mathematics of the mechanical problems which are presented it partakes very much of the nature of a bore and suspicion is very apt to arise and lead to the verdict of—hocus-pocus.

We will not pass in review all the phases of the subject. We have already said sufficient to show the futility of publishing such papers in the wrong place. Instead of arousing a great respect for the erudition displayed and admiration for the mysticism so ably handled, a revulsion may occur and the astute engineer be "hoist by his own petard." We have heard complaints on several occasions in regard to this matter not only by general practitioners, but by specialists as well. The latter claim that it is an utter impossibility to master each man's private nomenclature. It is a fad now for each one to evolve something of the kind from his inner consciousness, as it has been for every gynecologist to invent a speculum or every obstetrician a forceps.

Should such a thing be fostered and encouraged by the general medical press? The proper place for such publications as we have referred to is unquestionably the pages of special journals. If the specialist desires to write for the profession in general, let him do so in a manner which will be intelligible and let him deal with subjects such as can prove of use to the practitioner. These are the things that physicians hunger for. They ask for bread and a stone is offered; it may be a diamond but it is incapable of satisfying the hunger which has prompted the demand. Even husks are better and this is one of the reasons why the journals which are loaded with chaff have been so successful in their careers. We must have facts and not theorizations. The finely spun hypotheses of super physiological minds are most interesting when presented to an audience capable of receiving them; but are veritable hocus-pocus to the *anima vilis*.

We have only echoed the sentiments of others, in expressing the opinions given above. Our object is that which should animate all other publications having a cognate duty to fulfill. It should be to furnish that which is easily understood and which can prove of practical utility. If such cannot be given it should be relegated to the ponderous tones of society transactions or to the pages of journals devoted to special topics. Unless such a course be adopted those medical journals which persist in publishing articles incomprehensible to the ordinary reader will be looked at askance and the cry will arise—*caveat emptor*.

**Shall Doctors Marry?** is quite a vital question with young graduates and one worthy of serious consideration. Dr. Oscar McMullen, in the annual essay read before the Medical Society of North Carolina, speaks of marriage by physicians in any way but encouraging (Toledo *Med. Comp.*). He refers to the subject by saying, "The often vital mistake which most young men commit in any of the vocations open to their choice, is too great anxiety to enter upon the responsibilities of real life. As already intimated, they are unwilling to give those years to preparation which future decades, laden with ponderous demands, necessarily require. How small a pittance of time does one or two years appear when viewed in the light of the forty years of responsibility which are to follow. What is the cause of this precipitancy? What so impels the young heart along the arduous way? It does not ambition to be eminent; if so, the most feeble dictates of prudence

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would discover such to be a suicidal policy. It is not poverty, for to him that willeth there always opens a way. Leaving out of consideration that inborn indisposition to labor, which, alas, afflicts the majority of our race, I am convinced that woman, yes, lovely and lovable woman, is the occasion of many a failure which saddens the main of professional life. Do not understand me as wishing to take one gem from the jeweled crown of pure and beauteous womanhood. I belong to that majority who believe that, of all the beneficent gifts from the creative hand of God, a weman, pure and good, excels them all, and is more beautiful than "any other form of matter ever seen on land or sea, in flower or gem or living thing."

"As flowers beneath May's footstep waken,
As stars from night's loose hair are shaken,

so the most vivid joys which perfect the life of man spring wherever her gentle step is heard, and from her presence there is distilled the rarest benedictions upon the responsive heart. It is not, therefore, against woman as a class that I inveigh, but rather against that love for a particular individual which so strongly impels the youthful heart to the (oftentimes) disastrous entanglement of matrimonial alliance before thorough preparation has been made for life's important work. The exactness of a loving wife and the discordant music of the cherubic infant, however joyous they may be in the serene days and calm of later life, are not very conducive to success in your hours of reflective study, and will unconsciously wean you away from that medical application so essential in the first years of practice to fix the attainments of your student career.

**Malpractice Suits** are spoken of by Dr. G. Law (Denver *Medical Times*) who gives his readers some advice as to their course of action in such cases. He goes on to say among other things:

I will start by saying to reputable doctors—and the disreputable are generally able of taking care of themselves—*never compromise a civil suit;* and the other kind you cannot, because the district prosecutor will not permit it. You very rarely can find an attorney who can, *at once*, advise precisely what course to take. The sheriff serves you with the plaintiff's declaration, which states how careless, ignorant and neglectful your whilom patient has found you to be; wherein he prays the court to transfer from your pocket to his more money than you ever saw in your life—more than you ever expect to see. Of course you are mad. Shut your teeth. Keep a calm exterior. Go into your office and write out a careful and minute history of the case. Omit nothing, however trivial, if it can possibly have any bearing on the case. Refer to your case book and get dates and all the notes you may have made. Now select your attorney, and this is not a trivial matter. You want a student for your case, as there are only a few men among our legal friends who have had experience in cases like ours. You will have to cram your lawyer with that part of anatomy, surgery, pathology and medicine, that pertains to the case, until he will seem as well informed and ready in these matters as the most expert of teachers. You must have a man who will listen to you on the subject of medicine. You must listen to him on that of the law. You had better select an attorney neither too old nor too young. If the former he *will not* acquire the requisite medical knowledge. If the latter he may lack caution and experience in court.

When you have found the right man retain him. He will take your written statement and study it; after which he will question and cross question you rigorously on all the involved points. He will probably ask you for your theory of a defense. If he does not he ought to do so. After you have given it he will discuss it and point out its weak points.

**Mercantile Medicine** is the name conferred upon it by the Boston *Medical and Surgical Journal.* Our Boston contemporary goes on to say that it is often no easy matter to decide whether a certain advertisement is permissible in the advertising columns of a conscientious medical paper. The temptations which beset medical publishers and editors, where the latter have any voice in the matter, are not appreciated; but little credit is given for this sort of chastity, but, if in a moment of weakness one gives way, the fall from grace is patent to the world.

A sixteen page essay, extolling the merits of a sure but secret cure for many diseases has recently offered itself freely through the country. In spite of its character it was accepted by some susceptible journals. This is merely one of several ways in which the medical profession, in America at least, is assaulted by money-making schemes, which are trying to establish a relationship with legitimate medicine, in order to beguile the general public.

The *Medical News*, in commenting on this advertisement, asks the editors of the papers which have accepted it, whether they consider it a proper and professional thing to do, and says that the whole affair is another sad evidence of the seriousness and virulence of the parasitic disease afflicting the American medical profession.

A medical publication under medical control can take but one course in such a matter, and when by such a publication the bribe is accepted, the greater harm is done. In this instance, we are glad to note that the journals owned and published by the great firms publishing medical books—whose policy is sometimes supposed to be dictated mainly by financial considerations—have taken a stand which would have been even more becoming in other less sensitive medical contemporaries.

It might have added with a showing of grace that the MEDICAL REVIEW took the proper course in the matter and was actuated by one motive solely—the respect it owed itself and its readers.

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**An Insult to Christian Science** has been lately perpetrated. The *Medical Record* speaks of it in the following feeling manner: We are compelled regretfully to chronicle the sorrowful fact that Christian Science has been grossly insulted by the law, a certain judge having ruled that it may be, under certain conditions, inimical to health and a sound mind. It appears that the divorce law in one of the New England States permits of the dissolution of the marriage tie when one of the parties acts in such a way as to endanger the health, mental or physical, of the other. Basely taking advantage of this provision of the law, a man, not long ago, applied for a divorce on the ground that his wife was a convert to Christian Science and practiced faith-curing. It was not held that she had tried her science on him, but he disapproved strongly of her latest fad, and alleged that her espousal of the new doctrine had made him unhappy, glum, and generally cranky. He produced an array of medical expert testimony to the fact of his despondency and growing bad temper, and the witnesses stated as their belief that further brooding on the Christian scientific doings of his wife would imperil his reason as well as endanger his health. His wife said he was only "in belief" and she thought that a little application of her science, *secundum artem*, would take that belief out of him in short measure. Her diagnosis was not accepted, however, and the divorce was granted forthwith. There is, however, now, legal precedent for considering a belief in Christian Science a possible cause for divorce, for this decision of the judge places its practice, *quoad* divorce, on a level with incompatibility of temperament and other things.

**Medical Journals** are the educators of medical men. As the California *Medical Journal* says, we know of nothing pertaining to medical literature, more interesting than the reading and comparison of medical journals. Some are devoted to surgery, some to medicine, some to hygiene, some to gynecology and some to all these various branches. In some we can see the careful diagnosis, the guarded prognosis and judicious treatment, begotten by years of painstaking conscientious work. Others are filled with the writings of enthusiastic theorists. In others we see the careful, conservative work of the experienced surgeon, and in others the work of the careless operators who are ever ready to operate, regardless of present conditions or future consequences. Any one who will read a half dozen different journals, and give their contents some thought may gain a valuable lesson not alone from the intrinsic value of each, but more especially from the comparison or contrasting of thought.

**The Milk in the Cocoanut** may be extracted from the following occurring in an article by Dr. N. G. Whipple (Kansas city *Med. Rec.*): A strong point in the code is that phpsicians avoid giving publicity to their cases through the papers. In most of the appalling disasters it is rarely that the name of a physician is given in connection therewith, unless perhaps the physician holds some position in the public employ, which removes him from competition with the profession.

On the other hand, the provincial press, owing to a dearth of local news, is almost constantly publishing the name of the physician who dressed a cut finger or attended the latest accouchement, if only the doctor thus puffed be gracious enough to give the news monger the item.

Now this would not be a violation of tho code if all practitioners could avail themselves of the free advertising thus secured. But when in cases in which more than one physician are employed the one giving the information to the press omits to mention the other, or to correct the omission if unintentional, an injustice is wrought that is certainly not conducive to that comity which ought to exist between the members of a profession as liberal as that of medicine.

**The General Practitioner** receives just recognition in an address delivered by Dr. J. H. Stuart (*N. W. Lancet*) who says in the course of his remarks that, in one respect, it may be said he has an advantage over his brother, the specialist, viz: that he is accustomed to view the human organism as a whole rather than to fix his attention on individual parts. It is one body although composed of many members. The specialist is very often compelled to resort to constitutional treatment in the management of local diseases; with equal if not with greater prupriety may the general practitioner assume the care of local or special diseases, whenever in his judgement he thinks it right and proper.

In a word what I am driving at is this. That the practitioner possesses the right to treat all ailments that come to him, provided he can do it *tuto et cito*. He, like any other, has no right to assume the management of a case beyond his skill and his equipment. Surgery has always been regarded as a sort of grand division of medicine, and its practice for obvious reasons has been and in a measure will remain in the hands of surgeons; and yet under the new regime much of what might be called common surgery is being well done by the general practitioner.

This is because he is well up with the progress in his profession and is able to avail himself of what is known, and to command modern resources. All this then he may legitimately do. Indeed he may be driven to it in self-defense.

Standing as he does nearest family and the sufferer, he will continue as in the past, unless he voluntarily relinquish his place, to assume the care and direct the treatment of most of the ailments of humanity.

Though unattended by the eclat and distinction of some of the special branches, yet the family physician must continue to be the central figure the high private so to speak, of the practice of medicine. Let him not contemplate abdicating his rightful place. If he be

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prepared according to the highest standard of training for his profession, then has he a valid warranty of his fitness for his work.

**Medical Experts** should certainly be of the best more especially when it is a question of testimony in regard to the mental state of an individual. Mr. E. O. Brown suggests (Chicago *Med. Rec.*) that some such system as this in regard to expert testimony should be urged upon our law makers. Let each State appoint an Examining Board of genuine experts upon mental and nervous diseases and abnormal states. Certainly, in communities like ours which support and officer asylums for the insane, it would not be difficult to make such a board of competent and honorable men. Let one of the duties of that board be to testify as experts upon any cases submitted to them, for which their compensation should come from the body politic. Let houses of detention be established, to which shall be committed before trial all persons for whom the plea of mental irresponsibility is urged. There let such persons be examined. Let them there also, should occasion seem to demand it, be thrown into the hypnotic state for examination. Let the examination be made more or less prolonged, according to the necessity of the case, as certified by the Board of Examiners. Then, after the examinaaion is completed let the depositions of these real experts be taken, away from the highly unscientific atmosphere of a criminal trial, but upon direct examination and cross examination. Let these depo sitions thereafter be used before the court to determine the question of responsibility.

By such a plan, it seems to me, we can make a great and urgently needed improvement in the administration of criminal justice, and not only remedy the abuses which now exist, but provide against their further development when upon the practical domain of our court trials, and legal investigations, shall come the new and perplexing problems of hypnotism.

**An Expert Medical Witness** is a different person in different States. As Dr. H. G. Blaine states (Toledo *Med. Comp.*) it has been decided in many cases that any person who is a physician can be sworn as an expert, and the courts recognize no difference between conflicting schools of medicine, and no objection can be made to the testimony of an expert, based upon a dislike of his theory of medicine. If he has been educated in the science of medicine, of whatever school, it is enough. This may be by study without practice, or by practice without study. It is not even necessary that he be a physician or even have studied for one, nor be a graduate, nor licensed to practice. Yet while this is the correct statement of the general conditions of the law, it has some exceptions. In Vermont it is held that mere education as a physician without practice is not sufficient to qualify a person as an expert, while in Arkansas the courts hold that competency must be shown both by study and experience.

The courts of New York allow a physician or surgeon to give testimony although not in practice; though this fact affects the credit given to the evidence. The law does not require the branch of knowledge under review to have been a specialty of the physician, but it must appear, however, in every case, that the witness has some peculiar knowledge not possessed by the majority of men.

**The Revision** of the Code of Ethics is thus commented upon by the *Lancet-Clinic*: At the last meeting of the American Medical Association a committee was appointed to revise the code of ethics. This was done partially for the purpose of making a way for the entrance of the New York Medical Society, and partially because of the fact that physicians practicing specialties have been in the habit of doing work in their special lines in conjunction with the irregular physicians. This practice has not been confined to any one locality, in fact it has spread far and wide.

Now, for the sake of fees obtained in this way, the specialists desire to break down the barriers which separate them from the irregulars. So far as we are concerned, we fail to see any difference in this respect between the specialists and the general practitioners. If the restriction is removed from the one class it should also be taken off the other. Probably no class of men would oppose this latter proposition more than the specialists. Under such circumstances they would become very ethical.

There is a very simple way by which the irregulars can be abolished, and that is by their laying aside their peculiar names. This done, the way for an universal medical science at once opens.

**Examinations** are not a criterion of a student's fitness for a practitioner's life, says A. C. Ripple in the *Corpuscle*. The examinations are a necessary evil but they are far from infallible. Every day we are rudely brought face to face with this fact. A man leaves college with a good record; he has perhaps been even brilliant. His moral fitness consisted in not having been caught in disgraceful acts, hence he is a fit person to be graduated. His first act after getting his diploma is to perpetuate a piece of quackery so audacious, so unprincipled, so reprehensible as to cause him to be the biggest kind of a nether millstone about the college neck and upon the toes of all undergraduates. Our college is not alone in this respect; all suffer to a greater or less extent commensurate on the firmness or laxity with which students lives and motives are scanned. Take one, who by a remarkable contortion of his wits has managed to screw himself through the round of examinations. He comes out sadly battered while both he and his "ponies" are wofully frayed, but the faculty is forced to decide him a fit person for gradnation for he presents the necessary passports; but what a strain on one's credulity to believe he came by them honestly! This man, from sheer ignorance, allows his first two or

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three patients to die, or even, from the same cause, as sists their hasty demise. This is not sensational fiction; every one can recall such cases as proof.

Then let the catalogue have a rigorous overhauling and let the lines of fitness and unfitness be more rigidly drawn.

**Supernumerary Mamma and Nipple.**—Mr. F. Lovimer Hart reports a case as follows (*Brit. Med. Jour.*): I attended a patient in her eighth confinement recently, and finding her temperature up and other symptoms pointing to milk fever I was led to examine the mammæ. I found them both distended with milk, the left being somewhat larger than the right. On closer inspection I found she was the subject of polymastia and polythelia (a supernumerary mamma and nipple) The position of the third breast, which is about a third smaller than the others, is immediately inferior to the left, the two nipples being in the same vertical plane. There is a distinct sulcus between the superior and inferior glands. The supernumerary nipple is perfect in form, although about a fourth smaller than the other two; and, owing to the pendulous condition of the normal superior and larger gland on the same side, it appeared at first sight like a mole on the under surface of a normal breast. It has the usual dark pigmented areola surrounding it, and when it is caught up and drawn out the lactiferous ducts can be felt running into it and milk exudes. The supernumerary gland secretes a quantity of milk proportionate to its size, and the patient says it has done so in all her seven previous pregnancies.

The subject of supernumerary mammæ is of much interest from the evolutionary point of view, as Leichenstern has pointed, and may be taken as a fair example of retrogression to a type of a primitive ancestor.

**Iodoform as a Prophylactic of Ophthalmia Neonatorum.**—Dr. Valude has published the results (*Ex.*) he obtained from the systematic employment of finely powdered iodoform as an application to the eyes of new-born babies. The results compare favorably with those obtained under similar conditions in the same wards by Dr. Crede from silver nitrate. The author recommends the eyelids to be carefully cleansed, and powdered iodoform dusted into the conjunctival sac as soon as the child is born,—before the cord has been severed. As an advantage of this treat ment, it is claimed that the powder, or some of it, at least, remains in the folds of the conjunctiva for a con siderable time after the application; whereas solutions of any kind immediately drain away.

Dr. Valude believes that iodoform will prove more useful than silver nitrate in the hands of midwives, because it can be more easily applied, and does not decompose—as the solutions of the silver-salt do, even when such precautions as preserving in dark bottles, etc., are taken.

**Cerebral Abscess.**—In a recent number of the *Berliner Klinische Wochenschrift* a brief abstract of a case by Zeller, read before a meeting of surgeons in Berlin, is given. The patient became ill in the middle of January with symptoms of influenza. A phlegmonous process followed in the right orbit. This was laid open and the pus evacuated. But soon after the patient began to suffer from pain in the head and vomiting. There was no cranial nerve paralysis, but both discs were injected, and on the left side blurring of the edge was present. On account of the absence of any progressive tendency in the symptoms and the localization of the painful area to the right forehead close to the middle line diagnosis of abscess was preferred to that of meningitis. Professor Sonnenburg operated, first of all laying open the old abscess cavity, but finding nothing except a small defect in the roof of the orbit. He then incised the right side of the forehead and trephined the frontal bone near the middle line on the right side. The dura mater did not pulsate, but, on probing, pus was found in the right frontal lobe anteriorly, and finally sixty cubic centimetres were evacuated. The pulsation returned at once and materially aided in the evacuation of the abscess cavity. The drainage-tube was gradually shortened and finally removed, and only a small granulating surface remained. All the symptoms had subsided, and in a later note it is added that the patient had been discharged from the hospital completely cured.

**Cholera and Inoculation.**—Some remarkable facts relating to the prophylaxis and even cure of cholera by inoculation have lately been elucidated (*Lancet*) by Dr. Ketscher of St. Petersburg, whose researches, conducted in Paris in Professor Strauss' laborstory, formed the subject of a communication made to the Societe de Biologie on the 29th ult. by M. Gamaleia. For the experiments leading up to the discovery the most intensely virulent cultures of cholera germs hailing from Massouah were employed, the subcutaneous intra-peritoneal and intra-venous methods being all had recourse to. In order to test the protective powers of the milk of inoculated goats it was injected into the peritoneal cavity of guinea-pigs. The injection of 5 cc. of the milk conferred complete immunity on guinea-pigs against a fatal dose of cholera culture of ½ cc. injected into the peritoneal cavity, while animals not injected invariably succumbed in from six to ten hours. In order to prove that the milk conferred resisting powers on the entire system of the guinea-pig, and did not merely destroy the virulent germs, it was injected into the peritoneal cavity while the dose of

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cholera poison was introduced into the muscles of the hind leg. The result was identical—the inoculated animals survived while the unprotected ones died. The precaution was taken of testing the presence of any protective properties in the milk of goats which had not been inoculated, and the absence of such properties was conclusively demonstrated.

**Tuberculous Ulcer of the Stomach.**—The following are the conclusions of Dr. J. H. Musser in reference to this rare disease (*Med. Press*):

1. Tuberculous ulceration of the stomach is rare.
2. It occurs more frequently in children.
3. It is never primary.
4. Gastric infection is probably due to the voluntary or involuntary swallowing of sputum.
5. The presence of the bacillus tuberculosis is the only positive proof of the nature of the ulceration.
6. The anatomical peculiarities of this form of ulceration include the following:—

a. The seat of the ulcer is in the lesser curvature, although it may be found in any position.

b. More than one ulcer is usually seen.

c. The ulcers are large and irregular.

d. Miliary tubercles on the floor of the ulcer in the submucous coat are seen.

e. The ulcers are near vessels and the results of vascular ulceration are found.

*f*. Small caseating masses are seen in the ulcer or at a portion of the periphery. Similar collections are found in the territory adjacent to the ulcer, in the submucous coat.

*g*. The peritoneum is studded with miliary tubercle very often.

*h*. Neighboring lymphatics are often involved.

7. In the large majority of cases there were no symptoms during life.
8. Sudden hemorrhage is a frequent symptom and cause of death; it has been particularly noted in children.
9. Epigastric pain and vomiting may occur.
10. The presence of gastric symptoms of this kind, occurring in the course of tuberculosis, is significant of possible ulceration.
11. In view of the fact that the swallowing of sputum is possibly dangerous, expectoration should be insisted upon in adults and its method taught to children.

**Subcutaneous Transplantation of the Pancreas.**—Hidon, of Montpelier was unable to successfully transplant the pancreas of the dog beneath the abdominal integument (*Med. and Surg. Rep.*); it continued to act as seen by a small fistula through which the pancreatic juice exuded. This juice digested albumen, emulsified fats and contained sugar. In connection with the theory of diabetes of pancreatic origin he has made the following deductions. First, if the pancreas has been transplanted in a dog in which the intra-abdominal portions have been carefully extirpated there will be no glycosuria no matter how long the dog is under observation. Second, if the transplanted pancreas is extirpated glycosuria will at once appear. Third, if the transplanted pancreas begins to atrophy glycosuria will appear at once and increase in proportion to the progression of the atrophy.

**Hypodermic Injection of Blood-Clot for Aneurism and Hemorrhoids.**—The following method is proposed by Dr. G. K. Turner who writes as follows (Virginia *Med. Mo.*): As there is no method possible for treating aneurisms that does not involve either clotting of the blood in the aneurism, or obliteration of the artery, there can be no valid objection to clotting blood outside of the artery, and then introducing it where required, by a syringe and hypodermic needle.

My plan is, after using aseptic precautions, to:

1. Draw blood from the patient's arm, the arm of a friend, or, admissibly, from a beast or bird.
2. Clot this blood, or allow it to clot spontaneously.
3. Strain off the serum.
4. Inject at the distal side of the aneurism.

Before puncturing with the needle, deaden the skin with a 4 per cent. solution of cocaine, and fill the aneurism at one injection. It will be well to check the current in the artery before injecting, either by tourniquet or manual pressure.

I propose the same clot injection for hemorrhoids in place of astringents or carbolic acid, which can do no more than originate a clot. Why not use a clot "at first hand?"

Finally, I wish some one to apply the clot injection into the bleeding mouths of arteries, or probably better by needle puncture of artery and hypodermic injection above the seat of injury. Should the method be tried on varicose veins, special care will be necessary, as here we have an increased danger from embolism.

Of course aneurisms are, and may be, safely punctured, for this has been done for years when using electricity, and I have had no trouble in passing blood clot through needles.

**Infant Born with Teeth.**—Dr. J. Kaufman records the following curious case of an infant born at the seventh month of pregnancy with a full set of teeth (*Med. Rec.*): On the 27th of this month I delivered Mrs. M. B——(a primipara, aged seventeen, strong and robust) in her seventh month of pregnancy, of a male child. The labor was rather tedious, and the child was born asphyxiated. On introducing my finger into the child's mouth a sensation of teeth was imparted to it from the upper and lower jaw. I did not pay much attention to this at the time, being occupied with the resuscitation of the child, in which I succeeded. The next day, finding that the child refused to take the breast, I examined its mouth and to my utter astonishment found a full set of teeth in the upper and lower

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maxillæ. The mother, on being told of this, remarked that she had dreamed it the night before.

**Dangers of Washing Out the Stomach.**—Washing out the stomach is absolutely invaluable when employed in a rational way, but it is not altogether devoid of dunger (*Diet. and Hyg. Gaz.*).

1. The operation is sometimes followed by nervous symptoms of some severity. In cases of pronounced hysteria the passage of the tube may be accompanied by an attack of convulsions. The most interesting nervous phenomena are those in which the symptoms resemble tetany. Bouveret and Devic have recently cited twenty-three cases, including two of his own. F. has found the records of two additional cases. There may be three distinct forms as regards clinical symptoms, simple rigidity of the muscles of the extremities, tetanic convulsions, or true epileptic seizures. The three varieties may exist either separately or in combination, the more complex the case the greater being the danger of life. Death usually occurs either from coma or from failure of the respiratory center, and may supervene within a few hours of the initial symptoms or be postponed for several days. Seventy-two per cent of the cases terminated fatally.

2. It happens, not frequently, especially when the operation is performed for the first time, that the patient is seized with a sensation of giddiness, or faint ness, and the tube has consequently to be withdrawn. Such symptoms are seldom of any moment, and probably arise either from simple nervous excitement or from the fear of being choked. But we may also observe during the later stages of the operation, that similar phenomena are apt to develop themselves as a direct result of any sudden alternation in the intra-abdominal pressure. The case of a gentleman, aged fifty-three, attacked with symptoms of organic affection of the stomach, is cited. The disease was accompanied by rapid loss of flesh and strength. For a short time the stomach was washed out daily. Several weeks later the tube was again introduced and about a pint and a half of sour fluid was rapidly withdrawn, when, without any warning, the patient fell backward dead. There was cancer of the stomach and the heart muscles showed marked signs of fatty degeneration.

3. It is generally admitted that acute gastric ulcer constitutes a contra-indication to the use of the stomach douche. But cases of latent gastric ulcer are by no means uncommon, and in these cases the adoption of lavage will be attended by great danger to life. The author describes a case which he believes to be unique. A female aged twenty-five had suffered several months with symptoms of ordinary atonic dyspepsia. After a while it was decided to wash out the stomach. Little fluid was employed and the stomach was not unduly distended. Toward the end of the operation, violent vomiting and increase of epigastric pain came on. Acute peritonitis developed. A gastric ulcer had perforated into the peritoneal cavity. The mere passage of a tube may prove dangerous, in such cases, from the readiness with which it excites the act of vomiting.

4. Hemorrhage is apt to follow aspiration of the stomach by the stomach-pump, but dangerous bleeding accompanying the use of the siphon has never been recorded. The accident does, however, occur sometimes.

5. The use of the stomach-pump and bougies is attended with considerable liability to injury of the mucous lining of the esophagus and stomach. If the attempt to pass a pliable tube has failed, it is safer to desist.

**Paraldehyde.**—This remedy is considered in a paper in *Notes on New Remedies*. Summing up in the briefest possible form what has been said about the properties of paraldehyde, it is found:

1. That it is an efficient and safe hypnotic.

2. That it is sometimes effective where chloral hydrate fails.

3. That it is free from injurious action on the vital functions.

4. That it even facilitates the digestion of fibrin.

5. That in proper dosage it may be prescribed without apprehension.

9. That it is conveniently and agreeably given in mixture form.

Evidence of no little weight of the general usefulness of paraldehyde is afforded by the fact that it has been adopted into the German, Italian and the British Pharmacopeias.

It should also be recorded that, in common with many other sedatives, paraldehyde also has been recommended as an antidote to strychnine poisoning.

**Beta-Naphthol.**—This coal-tar derivative has a faint storax-like odor; when sublimed, is a white, shining, laminar crystalline substance, soluble in alcohol, ether, chloroform and benzene; sparingly soluble in hot water, but soluble 1 in 8 of olive oil and lard, and 1 in 80 of vaseline (*Am. Ther.*).

Dr. G. A. Gibson, of Edinburgh, Scotland, found it very useful in pernicious anemia, and also in simple anemia. He gave it in a pill containing two grains, three times daily. It rapidly increased the red blood-corpuscles; at the same time the weight of patient marvellously increased.

**Toxic Effects of Cocaine.**—Dr. A. G. Hobbs says (*South. Med. Rec.*) that the constitutional effects of cocaine are manifested by a feeling of faintness—it may be even to the loss of consciousntes—a trembling of the limbs, a pallor of the face, etc., any or all of which may appear in one minute or in fifteen minutes after the application to a large surface. Again, these symptoms may be produced by a smalll quantity of a one per cent solution in one individual and not in another, even if in the latter both the strength and quantity be ten times multiplied. I have never yet reached a conclusion as to the average amount of co

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caine that is necessary to produce the constitutional symptoms, neither do I ever know, the first time I use it, how to estimate the individual's susceptibilities.

Every individual seems to be a law unto himself as to the quantity necessary in his own case to accomplish complete local anesthesia, and even in the same person the amount will vary at different times with no apparent cause. Under similar circumstances I find it impossible to reach a complete local anesthesia in some, short of the toxic symptoms; when in others, one tenth of the amount and one-tenth of the time will render the application of a galvano-cautery absolutely painless.

To obviate the unpleasantness and delay caused by the constitutional symptoms it is my custom to administer a stimulant of brandy or whisky at their first indications, and make the operation quickly and, always under such circumstances, painlessly. When it is found by trial that one bears the drug badly, it would be well always to give a stimulant before the second application is made.

**Polyspermism** and the fertilizing value of the spermatozoa found in one ovum have been much discussed of late. Spitzka says that (*Medical Standard*) polyspermism may be interpreted in one of two ways: 1st, as due to a defective resisting power of the vitellus or 2d, as due to excessive energy of the seminal bodies. The former the more frequent cause. Embryological theorists believe that a healthy vitellus resists the intrusion or destroys the individuality of such seminal heads as penetrate elsewhere than at the points where the polar globules were expelled. The question whether one or several spermatozoa fertilize has been actively discussed. The overwhelming weight of opinion is in favor of the belief that one spermatozoon does the deed. If more than one should penetrate at the normal entry point, they must be assumed to coalesce, for in normal development more than one male pronucleus has not been observed. Dr. Spitzka (St. Louis "*Clin. Record*," 1880) advocated the view that several spermatozoa entered the ovum, and based this on the observation of rabbit ova, fertilized in a chamber under the microscope. He is now convinced that the mammalian ovum is so delicate that the polyspermism observed under these circumstances was probably pathological, i. e., the ova were moribund, and had lost their moral resisting power to vagrant spermatozoa, just as the maternal pronucleus loses its attraction for the seminal nucleus, which has not traveled in the proper channel.

**Case of Cyanosis.**—D. A. A. Knapp reports the following (Chicago *Clin. Rec*): B. T. German, about 30, short and stout, nervous but well nourished. Entered Cook County Hospital August 6, 1892. Father died of heart trouble, mother of cancer. Personal history good. She had borne three children, two being still-born and the other dying a few minutes after birth, it being very blue and did not breathe well. No abortions. Labors easy and normal. General health good. A house-cleaner by occupation. Physical examination negative. Position of fetus by abdominal palpation was occiput to the right and posterior. Fetal heart tones heard between umbilicus and right anterior superior spine; rate 160. She was delivered a few hours after admission, after a normal labor of about 10 hours duration, of a male child weighing six pounds. The child was quite blue when born, became less so when respiration became established, but was decidedly blue and breathing was irregular and labored. Feet and hands became œdematous, pitting on pressure, and child died cyanotic 8 hours after birth. A post-mortem examination revealed only a patent foramen ovale. Mother made a good and normal recovery.

**The Transfusion of Nervous Matter in the Insane.**—Dr. Constantin Paul has called attention in a recently published memoir on the subject, to the value of what he calls nervous tranfusion in the treatment of neurasthenia (N. Y. *Med. Jour.*). The substance employed is the gray mattter of the brain of a recently slaughtered sheep, allowed to macerate for twenty-four hours in twice its weight of pure glycerin, to which is subseqnently added an equal quantity of boiled water. This is filtered; as well as prepared with all antiseptic precautions, and should be a clear, limpid, colorless, sterile liquid that will keep for a week with ordinary precautions. A drachm of this liquid is injected every second day into the thigh or the lumbar region, after the skin, syringe, and needla have been carefully disinfected. The injected liquid forms a small tumor that usually disappears within twenty-four hours.

In the *Gazette medicale de Paris* for August 27th Dr. A. Cullerre reports the results that he has obtained with this substance in fourteen cases of insanity. In eight patients the results were good, in four there was a slight influence produced, and in two there was no effect. The author concludes that these transfusions are beneficial in asthenic as well as in tuberculous insane patients, and that they arouse the nutritive functions almost instantly. One of the first evidences of this result is an increase of appetite, a most desirable result in mental alienation, to combat sitiophobia. The reconstructive effects are rapid, muscular weakness disappears, the flesh increases, and all the organic functions are regulated. The psychopathic state in curable cases has been transitorily improved during a few hours immediately following the injections, but this improvement has not persisted. The author does not consider this conclusion definitive, as the major portion of his patients were incurably insane, and it is the rule in the curable forms of insanity for improvement in the mental condition to keep pace with nutritive impravement.

**Peculiar Symptoms of Poisoning by Santonin.**—A correspondent of the *Lancet* writes: The following case may be of interest to your readers (I have never seen or heard of a similar one). I found my eldest son, aged nine years, to be suffering from asca-

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rides on the 9th of this month. In the evening I gave him an enema of quassia, which relieved the irritation until the 12th. As it returned I gave him, on the morning of the 13th, at 7.30, nearly five grains of santonin in milk. At 8.15 he had his breakfast of oatmeal porridge and would have gone to school, but I thought he would be better at home. About 9.15 I asked him to do something for me, to which he replied, "Yes, father." He did not do it, and after a minute I asked him if he did not hear me, to which he replied, "No." I noticed he looked pale, so went to him and carried him on to a couch. He was no sooner laid down than he turned a nasty bluish-green color, the lips became blanched, limbs convulsed, teeth clenched, eyes wide open, pupils dilated, pulse absent at wrist, and he was bathed in a cold, clammy perspiration and unconscious. I forced open his teeth and gave him some brandy and water and went off at once for my nearest colleague. In about ten minutes the twitchings became less and the pulse began to return at the wrist. When my colleague came he was improving, but remained unconscious until 10 30, when he spoke a few words and then fell into a sleep. He was not himself for the rest of the day, but now seems quite well. If any of your readers have seen any such experience in similar cases I should be glad to hear of them. I must confess I thought my child was dying. I did not think the dose excessive.

**Abortive Treatment of Colds.**—Capitan recommends the following (*Nat. Drug.*):

℞ Salol, - - - - - - pts.x.
Salicylic acid, - - - - - pts.ij.
Tannin, - - - - - - pts.j.
Boric acid, - - - - - - pts.xl.

Powder, mix, and use as a snuff, as follows: As soon as the coryza makes itself manifest, snuff a pinch of the powder into each nostril. Repeat every hour for twelve hours. A longer use of the snuff is liable to produce an eczema-like eruption around the nostrils. The addition of talc, in the proportion of two parts of talc to one of the snuff, does away with this disagreeable feature.

**Strontium Bromide in Incoercible Vomiting.**—Dr. Coronedi, in the *Semaine medicale*, details his experiments with bromide of strontium in the treatment of the incoercible vomiting of pregnancy, and that arising from other causes. In some ten cases cited the action of the bromide was prompt and effective. In all of them vomiting ceased, sometimes after the first dose. Dr. Coronedi administers the remedy in doses of 15 grains, taken immediately before eating.

**Vomiting of Pregnancy,** when severe, is treated by Dr. Neichtoube in the following way:

℞ Cocaini sulphat, - - - - gr.j.
Aq. dest., - - - - - - ʒj.
M.

Take ten drops. If necessary, repeat in an hour. If no effect is produced, repeat at the end of three hours. The following day give five or six drops three times, and keep it up until the vomiting ceases. At the same time apply to the vagina tampons covered with a two-per-cent cocaine ointment.

**Detection of Foreign Bodies in Cornea.**—Dr. Edward Jackson states (*Med. Times and Register*) that an aid to the detection of foreign bodies in the cornea is the use of a solution of fluroescin. A good solution consists of:

℞ Fluorescin, - - - - - gr.j.
Sodium cerbonate, - - - gr.ij.
Distilled water, - - - - ʒj.

A single drop of this is placed on the suspected cornea, and after two or three minutes the excess is allowed to be washed away by the tears. It is then found that while on the uninjured cornea not the slightest effect has been produced, the corneal tissue in the neighborhood of any recent abrasion has been stained a noticeable light green. This discoloration at once directs attention to the locality of the injury, and the stained tissue furnishes a background against which any foreign body of dark color is more readily seen.

**Some Internal Uses of Chloroform.**—We find the following in the Memphis *Medical Monthly*: In gastralgia with dilatation of the stomach, in the treatment of nervous vomiting, and of the vomiting of pregnancy, chloroform water in the dose of a small teaspoonful every half hour or hour, is a very useful remedy.

In false croup, employed in the proportion of one to ten drops in an ounce of water, to which is added a little glycerin; dose one teaspoonful every half hour; the effect is a very happy one.

In ulcer of the stomach, small doses of chloroform given internally will often remove the pain and stop vomiting.

In the treatment of whooping cough, three to six drop doses of chloroform in syrup will bring about very good results.

In the albuminuria and anasarca of pregnancy, chloroform in twelve to twenty drop doses in sweetened water causes a rapid diminution in the albumin and the disappearance of the anasarca.

**The Study of Hypnotism.**—To those interested in hypnotism, Dr. Benj. F. Westbrook presents the following questions for consideration (*Am. Ther.*):

1. The question of utility. Is it certain or probable that hypnotism is, or may be made, of any service in the practice of the healing art?

If so, will it have any advantages over other therapeutic measures?

To what extent is it already used, unconsciously, or without being recognized?

2. The question of its nature. What is the hypnotic state? Or, are there several allied conditions included under the same general term?

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3. Is hypnosis a normal or a pathological condition? Or, may it merge from one into the other?

The answer to this question involves the discussion of the definition of hypnosis, which—as it is about as difficult as that of insanity—will not be very fully dwelt upon.

4. If pathological, does it necessarily follow that it is to be condemned as a therapeutic measure? For instance, is it any more to be avoided, on this account, than the pathological condition resulting from amputations, the administration of anesthetics, etc.?

5 The technique. The methods of inducing hypnosis. The methods of utilizing it for the therapeutical purposes, after it is induced. The methods of arousing the subject—with especial regard to his subsequent safety.

**Medical Treatment of Perityphlitis.**—Sahli recommends (*Med. News*) that the first step in the management of a case of perityphlitis is to interdict the ingestion of food and drink by the mouth, to control vomiting, and to prevent meteorism. The patient can be nourished by the administration once, twice, or thrice daily, of the following enema at a temperature of 104°:

| | | |
|---|---|---|
| ℞ | Eggs, | No.iij. |
| | Sodium chloride, | gr.xlv. |
| | Peptone (dry), | ʒijss. |
| | Beef-tea, | ʒvj. |

M.

To control thirst six ounces of pure water at a temperature of 104° may be given by the bowel as required. If the thirst is thus not satisfied, the patient may be permitted to take from time to time a mouthful of cold water. A second important consideration is the systematic employment of opium, preferably in the form of the wine. Of this ten drops are at first given; then every hour, and later every second hour, from five to seven drops are given. As soon as the pain has disappeared, the patient takes but five drops every three hours. If the pain returns, the process is rebegun with ten drops. Locally, an ice bag is at first applied, which was subsequently replaced by cataplasms. When the pain has entirely disappeared, the opium is withdrawn, and the administration by the mouth of such food as eggs, bouillon, milk, and chopped meat is attempted. Constipation is to be relieved by means of enema; purgatives are to be avoided. The patient can get out of bed when all evidence of fever has disappeared and pressure in the right iliac fossa occasions no pain.

**Lithium Salts in the Treatment of Rheumatisms.**—Practical therapeutists have for many years recognized the great value of the soluble salts of lithium, especially the carbonate and, more recently, the benzoate, in the treatment of all forms of rheumatism (*Nat. Drug*). Of late, however, a certain school of observers seems to have arisen abroad, who, after a few laboratory experiments, which they do not describe in detail, would have us believe that all our practical experience goes for naught, and boldly declare that the idea that the lithium salts have any curative or beneficial effects in rheumatism is a superstition based on tradition, "authority," and inaccurate observations. A book has recently appeared in England (and we believe has been republished in this country), which has for its object the demolition of the "lithium salts idea." It is by a Mr. Haig, some of whose experiments are very queer, to say the least. Meanwhile practical physicians will require a vast deal of theoretic biological chemistry to convince them of the worthlessness of lithium salts in gout and rheumatism. It is pleasant in this condition of things to find the following extract from a communication to *l'Union Pharmaceutique*, from so competent an observer as M. P. Adoue, pharmacist of the first class at Pauillac, in favor of lithium benzoate: M. X., who was suffering with gouty rheumatism, and had not yet tried the salts of lithium, asked me to make an analysis of his urine. I did so, and found 22 gm., 50 cgm. of urea, and 73 cgm. of uric acid to the liter. Microscopic examination revealed no hippuric acid crystals whatever. A few days later, under the advice of physicians, he commenced the use of lithium benzoate in pills, and in effervescing waters. A month later I examined his urine again, and found hippuric acid in considerable quantity; in fact, in great masses, resembling the ammonio-magnesian phosphate. The analysis showed the presence of 13 gm., 80 cgm. of urea, 95 mgm. uric acid, and 21 cgm. hippuric acid to the liter. The patient was much improved in every way and continued the use of the remedy with excellent results. I desire, therefore, to put myself on record with Ure and Keller of the value of lithium benzoate in the treatment on rheumatisms and gout, and as opposed to the notions of Neubauer and Vogel.

**Beef as an Exclusive Diet.**—Dr. William F. Waugh writes as follows (*Times and Register*): A gentleman who had suffered long from dyspepsia, constipation, anorexia, and consequent debility, was advised to adopt the Salisbury diet of beef exclusively. The first effect was not encouraging, as he lost ten pounds from an already emaciated body. But after that he began to improve, and his verdict after six weeks' trial was: "Better than I have been for years."

A girl 19 years old, a typical case of chlorosis, was placed on the same diet. She took a meal every four hours, consisting of lean beef, chopped finely, all connective shreds picked out, and the beef-pulp dropped into a pan in a little hot butter, and allowed to cook until the color had changed. The girl improved at once. In a week she was allowed to add half a pint of hot, salted milk to each meal. The milk was to be taken with a teaspoon, to insure slowness of imbibition. In another week, freshly expressed grape juice, and stale bread, well toasted, were added. No medicine of any sort was given up to this time. The improvement was fully as rapid as in the most favorable cases treated by iron. At every visit the girl's eyes were brighter, her lips redder, and her listless apathethic attitude exchanging for briskness of health.

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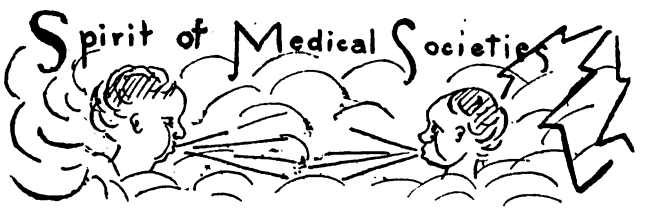


## St. Louis Medical Society.

Stated meeting held November 26, 1892. President Dorsett in the chair.

Under extraordinary business Dr. Lutz asked permission to make a statement in correction of what had appeared in the morning papers regarding the condition of the brain and spinal cord removed from Jos. McEvoy who died Thursday at the Poor House. He called attention to the fact that in removing the cord it is no easy matter to keep all perfectly intact, but that his assistants (Drs. Hochsdoerfer and Fleming) and himself had succeeded at the post-mortem held Friday, P.M., in getting out the brain and spinal cord with sufficient perfection to ensure the correctness of a critical microscopical examination. He did not think it a proper procedure for the morning papers to make any statement at all if it be an incorrect one. As regards the work which was well done by Drs. Hochsdoerfer and Fleming, he read the abstract of the post-mortem held, ending by saying that Joseph McEvoy died of general tuberculosis. The microscopical examination of the brain and cord is being conducted by Drs. Riesmeyer and Beggs and it is expected that in two weeks the Society will have the pleasure of hearing their report. It is certainly looked to with much interest.

Dr. Bremer exhibited a centrifugal apparatus for precipitating bacteria and foreign matters in water, giving explanations and showing how the small electric fan could be brought to the same use by fastening a test tube with pointed bottom on to one of the wings and letting it revolve three or four minutes when all foreign matters can be found at the bottom; and, cultures made from this concentrated product, would reveal more accurately if the water contained bacteria or not. He also exhibited a culture of supposed typhoid bacillus.

Dr. J. K. Bauduy read a paper on Insanity during and after Typhoid Fever, dealing at length with the condition in which the typhoid left some patients; and of the errors often made by sending typho-maniacs to asylums, when they had better have been kept at home. As usual the author's paper was listened to with much interest and received with considerable applause.

Dr. Jos. Grindon read a paper on the Exanthemata of Typhoid Fever citing the rash that might be taken for that of typhoid which may be merely due to the action of some coal tar products (the antipyretic group); or, at times, other eruptions than those described in many text-books, would be those of typhoid while the rash would not indicate it.

Drs. Bremer, Johnston, and Bauduy indulged in a short discussion on the papers read, after which the Society adjourned to continue on typhoid next week.

**Hydatid Cyst of the Liver; Staining the Hooklets of the Echinococcus.**—Dr. George P. Biggs, presented to the New York Pathological Society (*Med. Rec.*), a specimen of hydatid cyst of the liver, removed from an Italian, aged thirty-five, who died as a result of stab-wounds of the abdomen. No history bearing upon the specimen was obtained. At the autopsy, a cystic tumor was found occupying nearly the whole of the right lobe of the liver, and measuring 12 ctm. transversely, by 10 ctm. vertically, and 9 ctm. in its antero-posterior diameter. The anterior wall of the cyst was only about one and one-half millimetre in thickness, and the posterior wall only about one centimetre from the posterior surface of the liver. There were no adhesions. The cyst was very tense, and on incision, a large quantity of perfectly clear, colorless serum was discharged. The cyst was lined by a thick white membrane, and contained a large number of echinococcus cysts. Microscopical examination of the scrapings from the lining membrane showed numerous typical scolices and hooklets.

Dr. Biggs said he accidently discovered a method of staining these hooklets while engaged last summer in examining microscopically some pus which had been aspirated from the region of the liver for diagnostic purposes. The examination at first showed only tyrosin crystals, and a large number of degenerated pus-cells, but after staining a slide for tubercle bacilli he was surprised to find a typical echinococcus hooklet which had been stained a bright red by the eosin. It had not been visible previous to the staining, and prolonged search afterward only showed three such hooklets on this slide. The existence of a hydatid cyst was afterward proven by operation.

**Bilious Headache and its Treatment by Massage.**—Dr. A. Symons Eccles, in a paper recently read before the Section of Pharmacology and Therapeutics of the British Medical Association, stated (*Coll. & Clin. Rec.*), that the locality of the headache appears to be identical with the distribution of the nerves in connection with Arnold's branch of the pneumogastric, the irritation of the gastric fibres being reflected or referred to the sensory fibres of the pneumogastric in the head (auditory branch)

During the paroxysm, Dr. Eccles always observed dilatation of the stomach, and absence of peristalsis in the stomach and intestines.

The treatment suggested for this condition was:

1. *Dietetic*, to avoid giving the stomach and liver more work than is absolutely necessary.

2. *Rest*, in the recumbent position, to avoid overtaxing the nervous system.

3. *Massage of the abdomen*, to favor circulation through the liver and gastro intestinal tract, to mechan-

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ically propel their contents onward, and to increase the muscular action of these organs, at the same time improving their secretory power.

4. *General massage*, to aid the nutrition, generally of the tissues, and induce rapid interchange between the tissues, blood and lymphatic system.

**Nevus of the Peritoneum.**—Mr. Arbuthnot Lane read a report before the Clinical Society of London (*Brit. Med. Jour.*), of the case of a boy, aged 7, who was said to have had a tumor in the right side of the abdomen at birth, which increased rapidly with the growth of the child, till it assumed a considerable size. It fluctuated in parts, was apparently situated beneath the abdominal muscles, and was not free in the abdominal cavity. The skin covering it was normal. The bulk could not be affected by pressure, nor could it be misplaced from its position in the right side of the abdomen. Mr. Lane cut down on the tumor, which proved to be nævoid, containing large cysts filled with fluid blood. It extended backwards over the peritoneum, to which it was inseparably connected, and from which it apparently grew over the surface of the kidney and beneath the diaphragm over the liver, and in front to the middle line, at which limits it terminated gradually by becoming thin. It was thickest about the center. It infiltrated somewhat the abdominal muscles which covered it. The peritoneal cavity was opened, when its inner aspect was seen to be livid, and to present rounded masses, some of which were partly pedunculated. All of the growth which could be got at was removed, only a thin layer being left on the outer surface of the peritoneum. The child became entirely collapsed from the considerable loss of blood consequent upon this part of the operation, its pulse becoming extremely feeble and about 170 a minute. This collapse was at once removed by the introduction into the circulation of a pint and a quarter of normal saline solution. The lad recovered without a bad symptom, and now presented no sign of any recurrence of the tumor.

**Rhachitic Pseudo-Paralysis.**—This was the subject of a paper read by Dr. Samuel Ketch at a meeting of the Section in Orthopedic Surgery of the New York Academy of Medicine (*N. Y. Med. Jour.*) The author dwelt particularly on the importance of recognizing this condition, and gave its distinguishing points as contrasted with infantile paralysis and the paraplegia of Pott's disease, with which it was most frequently confounded. He mentioned many other conditions which this condition resembled and which it had been mistaken for, such as spastic paralysis, post-diptheritic paralysis, and even pseudo-hypertrophic paralysis. The clinical features were given, and corroborated those already described in Dr. H. W. Berg's paper, read before the section some years ago, which the author thought had not been sufficiently appreciated by the general practitioner. The question of the occurrence of deformity with this pseudo-palsy was brought out. The author thought that in many cases there was no deformity, as the children had never walked and the superincumbent weight had not acted as a factor in the production of bowlegs and knock-knee. He had observed cases, however, with deformity. Some of these were probably cases of "fetal rhachitis," and some cases in which the muscular condition came on after the child had already walked. As to treatment, he advised, primarily, regulation of the diet, baths and general hygiene. Medicinally, stress was placed on the use of phosphorus. Locally, electricity, massage, and inunctions with cod liver oil were recommended. The question of the use of braces was gone into thoroughly, and the author was of the opinion that their use was unjustifiable while the muscular weakness remained. He preferred to wait until a later period, when, should deformity be present, it could be remedied either by mechanical or operative means.

**Rice Seed Bodies.**—At a meeting of the Medico-Chirurgical Society, of Louisville, Dr. A. M. Vance said (*Med. and Surg. Rep.*): The first specimen I exhibit is a collection of the largest rice seed bodies that I have ever seen; they were removed from a man, a glass-worker, in Indiana, who, for two years has had developing upon the dorsal surface of his right hand, a large diffuse ganglion. I laid it open from the base of the first phalanx of the middle finger and half way up the forearm, turning out nearly a pint of these bodies, besides quite a quantity of milky material. It was very difficult to scrape them out of the ramifications of the different tendons. The wound healed by primary union, and the man has a very useful hand and arm.

**Adhesion of Nymphæ after Labor.**—Dr. Brooks H. Wells related to the N. Y. Academy of Medicine, (*Med. Rec.*), a case of a woman who, sometime after having given birth to a child, complained of certain symptoms which led to a vaginal examination, when he found the edges of the labia minora or nymphæ grown together. They were divided by the knife under the influence of cocaine. There was also some erosion of the cervix. Before childbirth coitus had been satisfactory. Afterward, entrance was effected only after repeated trials, and the husband, thinking that the wife cared nothing for him, sought a divorce.

**Macrocheilia.**—Mr. Arbuthnot Lane showed to the Clinical Society of London, a man, aged twenty-eight, who was employed at the General Post Office and who three years and a half ago struck his upper lip; this was followed by very great swelling, and two months later the lower lip also became swollen. The swelling was hard and brawny, and after a short time the cheeks became hypertrophied in the same way. Having refused to yield to other treatment, electrolysis was employed on several occasions, and the lips had returned to their normal state, except that the lower lip was still a little larger than it should be.

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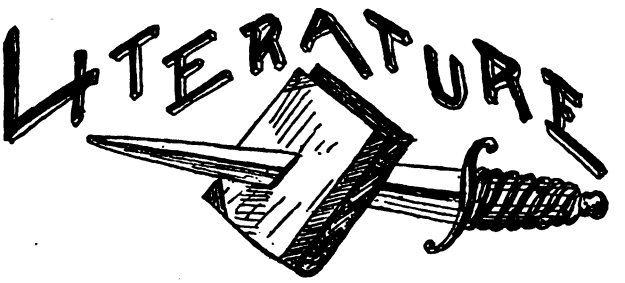


**International Clinics:** A Quarterly of Clinical Lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain, and Canada. Edited by John M. KEATING, M.D., J. P. CROZER GRIFFITH, M.D., J. M. MITCHELL BRUCE, M.D., F.R.C.P., and DAVID W. FINLAY, M.D., F.R.C.P. Vol. III. Oct., 1891. 8vo., pp. 372. [Philadelphia: J. B. Lippincott Company. 1891.

This number of the International Clinics more than sustains the good name which this series has already earned for itself. It would indeed be a difficult matter to determine the comparative merits of the volumes so far issued. In looking over the contents of the present one we are struck by the multiplicity of the subjects considered as well as by the thorough and painstaking manner in which they are handled. It gives a better opinion of the men who are teaching and instructing the rising generation in the principles as well as practice of medicine and surgery.

Among the notable articles in the present volume we may mention one written by Drs. J. F. Goodhart and George Carpenter on Tubercular Peritonitis. It is a most thorough resume of the subject whose value is enhanced by the recital of a number of illustrative cases. A lecture on Recurrent Exfoliative Dermatitis by Dr. Henry William Blanc is a most valuable addition to the subject the more so since but very few writers have had an opportunity of witnessing this rare and interesting condition. Dr. Henry T. Byford's lecture on Abdominal Hysterectomy is a valuable contribution as he considers the advisability of this operation for intraligamentous fibroid tumor.

We cannot enumerate the lectures in detail as they are too many to justify us in making a critical analysis of them. The many handsome engravings which embellish the volume, also serve to render the text clearer and, the value of this series is the more marked because it is purely clinical in character and embraces, within the scope of the lectures, matter which cannot be found in any text-book. As an aid to serious reading and study and as a complementary publication to the text-books the International Clinics is certainly unique in its methods and invaluable in the results achieved.

We cannot find too many words of praise for this publication and its appreciation by a large portion of the profession is evidenced by the fact of the large sales which it has met. The liberality of the publishers has placed within the reach of all, at a moderate cost, a work which once taken will be found indispensable. Each volume being complete in itself renders the series an independent one in so far that each volume forms a post-graduate text book whose existence does not experience any limitations from previous or subsequent ones.

**Leonard's Physician's Pocket Day-Book.** Bound in Red Morocco, with Flap, Pocket, Pencil Loop and Red Edges. [Detroit. The Illustrated Medical Journal Co. Price, $1.00.

This popular day book is now in its fiftevnth year of publication. The front part of it is occupied with dose tables, and other useful pocket memoranda. It is good for thirteen months, from the first of any month that it may be begun, and accommodates daily charges for fifty patients, besides having cash department, and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name space. Name of patient needs to be written but three times in a month. The book is seven and one-half inches in length, and is three and one-half inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

**A Treatise on Massage,** by DOUGLAS GRAHAM, M.D., has met with much success in the sales of the second edition which is an octavo volume of 342 pages sold at $2.75 by J. H. Chambers & Co., of St. Louis. Among the very flattering notices which it has received abroad we may quote the following from the Dublin *Journal of Medical Science*:

"The book before us is one of considerable scientific merit and much practical use. It is full of clearly expressed directions to guide the uninitiated. The directions given are the result of experience and consequently sound. We doubt if any unprejudiced reader, after its perusal, will not feel a fresh impetus toward learning the *modus operandi* of massage and of practically testing it for himself."

**Use of Ipecacuanha in Uterine Inertia.**—Drapes says this remedy in simple atony of the uterus is a powerful agent in producing uterine contraction during the first and second stages of labor. In general, two or three doses of from ten to fifteen drops of the wine of ipecacuanha, given at intervals of ten minutes, produce in a short time marked activity of uterine action and a rapid birth. It is much better than ergot, as it does not produce tetanic contraction, but only induces normal and regular expulsive efforts.

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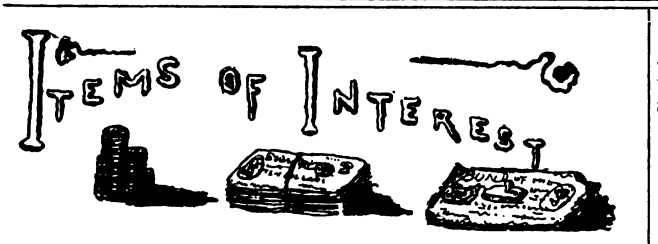


**Manufacture of Ozone.**—To make ozone, use a saturated solution of oxalic acid upon peroxide of manganese.

**Salicylic Acid,** administered in eight grain doses every hour until five or six doses are taken, and followed by a large dose of castor oil, is said to be an effective remedy for tape-worm.

**Poisoning from Sanguinaria.**—From the daily papers we learn that an eminent dentist of Detroit, Michigan, lately met his death from the use of tincture of sanguinaria which he was taking to cure a cold.

**Middlemore Prize.**—The Council of the British Medical Association has announced that the "Middlemore Ophthalmological Prize," of fifty guineas, will be awarded for 1893, for the best essay on "The Diagnosis and Treatment of Diseases of the Lymphatics of the Eye."

**To Fast for a Medical College.**—Arthur W. Wuehlmeas, a Frenchman, will begin a fifty-day fast in Cleveland, O., under the auspices of the Western Reserve University Medical College. Wuellmeas has fasted four times before. The first was in Chicago in 1890, when he went twenty-one days without taking food. Later the same year he fasted thirty days at Detroit. We trust that the good faster may give the students some points for post-graduate experiences.

**A Surgeon's Suicide.**—Dr. Fannin, house-surgeon to the St. Stephen's Hospital, Dublin, committed suicide a few days since by wounding the right femoral artery, to the hemorrhage from which he speedily succumbed. The poor fellow was only twenty six years of age, but suffered from attacks of melancholia engendered, it is supposed, by a sunstroke some years since, when travelling in South Africa. His tragic end has excited the greatest regret and sympathy among a large circle of friends and acquaintances

**All that is Necessary.**—The American Association for the Advancement of Science says the following lines are all that is necessary for the physician to learn in order to prescribe in the metric system:

1,000 milligrams make 1 gram.

1,000 grams or cubic centimeters make one kilo or liter.

65 milligrams make one grain.

15 1-2 grains make one gram.

31 grams make one ounce, Troy.

**Dr. Enoch Fithian,** of Greenwich, N. J., died November 15, 1892, in his 101st year. He was graduated from the University of Pennsylvania in 1816.

**Liquefaction of Oxygen.**—Professor Dewar, whose recent lecture and demonstrations on the liquefaction of oxygen attracted attention all over the world, says that while oxygen when liquefied is strongly magnetic it is a poor conductor of electricity. In other words, oxygen presents the curious paradox of a non-conducting magnet.

**The Influence of Cholera on Prices of Drugs.**—The market value of opium has in this country risen but little, although its use in Russia and India during the past summer has been enormous. Ergot has risen in price on account of the cholera in Russia, which has prevented the gathering of the spurred rye. All the principal disinfectants increased in price suddenly during the time when cholera was most feared, but prices have declined since then.

**Happy London.**—The number of medical practitioners in London, in proportion to the population, is only about one to each thousand persons. The average clientele of a practitioner in that blessed city is, therefore, at least twice the size of his New York or St. Louis brother. The number of dispensary patients in London is smaller in comparison with the population than it is in New York. And yet the ungrateful Londoner complains that the profession is overcrowded!

**Samuel D. Gross Prize of the Philadelphia Academy of Surgery.**—The first quinquennial prize of one thousand dollars under the will of the late Samuel D. Gross, M. D., will be awarded in 1893. The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens." It is expressly stipulated that the successful competitor shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery. The essays, which must be written in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut Street, Philadelphia, before June 1, 1893. Each essay must be distinguished by a motto and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay. The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year. The committee reserves the right to make no award if the essays are not considered worthy of the prize.

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**A New Belgian Medical Jounal,** *La Policliniqe de Namur*, has just appeared. It will be published monthly.

**The Quarantine** in New York against cholera is likely to last for a long time, or until no more cases of the disease occur in European ports.

**We Regret** to announce the death of Dr. J. C. Steele, the medical superintendent of Guy's Hospital, which event took place at the hospital not long since.

**Dr. T. E. d'Orsonnens,** Professor of Clinical Midwifery in the Laval University, Montreal, and Knight of the Order of St. Gregory, died not long ago, aged 73.

**Dr. Julio de Moura,** of Petropolis, Brazil, one the leading physicians of Brazil, and author of leading papers on beri-beri, chyluria, pulmonary tuberculosis, ect., died recently.

**Dr. Johann Jacob Bischoff,** Professor of Obstetrics and Gynecology in the University of Basel since 1867, where he was the first to teach these subjects practically, died, aged 51.

**The Late Mr. George Fowler,** of Rock Ferry, Cheshire, has bequeathed £1,000 to the Hospital for Incurables, Manchester, and £20,000 for the establishment in the city of Liverpool of a hospital for incurables.

**Mr. Josiah G. Strachan,** late of Farmhill Park, near Stroud, has bequeathed £1,000 to St. Mark's Hospital for Fistula, and £500 each to the British Hospital for Diseases of the Skin, the Cancer Hospital, Brompton, and the Central London Throat Hospital.

**Prize for a Hungarian Medical Essay.**—The Budapest Medical Society offers a prize of a thousand gulden for the best work published next year in the Hungarian language on any subject connected with anatomy, physiology, histology, or experimental pathology.

**Reduction in Tariff Probable.**—Seeing the election resulted in a victory for the party advocating tariff reform, we wait with some anxiety the removal of the tariff from microscopes, surgical and medical instruments and scientific books. If these are put on the free list physicians will receive much benefit.

**The Conclusions of Astronomers** are that the moon is an absolutely terile planet, a fact which should secure for it a particularly happy attitude on the part of surgeons. In that not impossible future when man has mastered all the forces of nature and harnessed them to his use, we may look to have all major operations done on the moon, where asepsis is normal and absolute.

**Dr. Amos Calderon,** Medical Director of the Baths at Cestona, a well known watering-place in Spain, Member of the Royal Spanish Academy of Medicine, etc., is reported dead.

**Mr. Jonathan Hutchinson's** routine abortive treatment of gonorrhea consists of three elements, viz: First, an injection of chloride of zinc, two grains to the ounce, three or four times a day; second ten to twenty minimes of oil of sandalwood in capsules, taken three times a day; third, to be taken at bed-time, three drams of epsom salts and a half dram of bromide of potassium.

**George Ross, M. D.**—McGill Medical College has sustained a great loss in the death, Nov. 9, of Dr. Ross, Associate Dean of the Faculty. He had succeeded Dr. Howard as Professor of the Practice of Medicine, and was one of McGill's most gifted men. He was only 47 years of age at the time of his death, but he had lived long enough to become recognized as one of Canada's greatest physicians.

**The Habit** of inhaling chloroform without medical supervision is far more common among women than is generally supposed. Originally administered or prescribed by a medical man for neuralgia or sleeplessness, the patient afterwards resorts to it on the slightest provocation. Ladies appear to have no difficulty whatever in obtaining the seductive anesthetic from chemists. The sad death of Mrs Sydney Buxton from an overdose of chloroform, self-administered, ought to direct attention to the laxity of some chemists in selling chloroform and similar poisons to those who clearly are not fit and proper persons to be entrusted with such dangerous drugs.

**Septic Students.**—The danger attending the admission into the lying-in wards of students from the dissecting or post-mortem room is too obvious to need demonstration, but judging from some recent correspondence in the Toronto press, there remains scope for improvement in the regulations affecting students in this respect (*Hos. Gaz.*). So far as dissecting students are concerned the risk can hardly be said to exist, for the simple reason that men have usually completed their anatomical studies before they turn their attention to obstetrics. It lies with the obstetric physicians to protect their patients against the possibility of ex post-mortem room infection, and in hospitals containing lying-in wards we presume due care is taking with this object in view. In this country general hospitals do not usually contain wards for lying in women, and the rules in force at special institutions are fairly strict. Should educational necessities induce our hospital authorities to consent to certain wards being set apart for obstetrical cases, no doubt one of the first things to be done would be to secure the asepsis of everyone admitted thereto.

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**Quatercentenary of Aberdeen University.**—At a conference which was presided over by Sir William Geddes, between the members of Senatus, University Court, and the magistrates, on the subject of the celebration of the four hundredth anniversary of the University of Aberdeen. After discussion, it was resolved that the celebration should take place in the year 1895, by which period it was hoped the New University Buildings would nearly be completed. The date of foundation of the University was February 10th, 1494--5, by Papal reckoning, so that the anniversary falls in 1895.

**Beri-Beri.**—The question whether beri-beri is endemic in Melbourne was raised by Dr. Molloy, Medicl Superintendent of the Melbourne Hospital, who related an instance in which a number of Chinamen were simultaneously attacked by the disease while employed in the same workshop. In these cases there was peripheral neuritis accompanied by edema beginning in the lower extremities, and becoming more or less general. The paper, which was read in the Section of Medicine, led to an interesting discussion, in the course of which it appeared that similar cases had been observed among Chinese in Sydney.

**Leprosy** is a disease which seems to stimulate with especial intensity the philanthropic imagination. Father Damien was made quite a saint, though barring sentiment, he could not have been a very pleasant or altogether heroic man. Sister Rose Gertude set out with a great flourish of trumpets to relieve the lepers of Hawaii, but soon dropped into the arms of matrimony in a most commonplace manner. The work of Miss Kate Marsden, however, among the Siberia lepers opened a new field, and appears to have been arduous, self-sacrificing, and fruitful. She comes to America soon to present her cause to us.

**Charge of Forging Diplomas.**—Ludwig Ganting, described as a professor of languages and music, was brought before Mr. Vaughan, at Bow Street Police Court, on November 8th, for extradition, charged on remand with having stolen the seals and forged the diplomas of the University of Berne. Detective-Sergeant Wegner stated that he had searched the prisoner's effects and found three seals, one of the Berne University, one of the Medical Faculty, and one of the Philosophical Faculty. He also found a press used for affixing seals. Among other things he found a number of diplomas, one of them bore seals which appeared to have been impressed by the mould in the prisoner's possession. A number of letters addressed to the prisoner from all parts of the country seemed to indicate that the accused had been in communication with medical gentlemen and had offered to let them have diplomas for a consideration. Mr. Vaughan, who examined one of the diplomas and said it appeared to be genuine, remanded the prisoner.

**Typhoid Fever in Lisbon.**—An epidemic of typhoid fever of some severity is raging in certain quarters of Lisbon. The Portuguese Government has commissioned Dr. Luiz du Camara Pestana to make a bacteriological examination of the water conveyed to the city by the old aqueduct known as the Aguas Livres, and of the wells in the affected quarters, and to report on the measures necessary to be taken in regard to the water supply in the interest of public safety.

**Was Paracelsus a Quack?**—A correspondent writes to the *British Medical Journal*: The answer to the question propounded by Dr. Keser must depend, as is the case in most of our controversies, on a right definition of terms. That Paracelsus was a quack *formaliter*, as the schoolmen say, is tolerably certain, for although he boasts of having been the ornament of several universitiss, he does not seem to have ever condescended to go through the ceremony of obtaining a medical diploma. That *materialiter* he had (to use his own jargon) all the "signatures" of a quack can hardly be denied by anyone who knows anything of his life or writings. In the art of blowing his own trumpet he remains without equal, or second, even in these days, and it is no wonder if his name now survives chiefly as that of the patron saint of self advertisers. He boasts that "the very down on his bald pate had more knowledge than all their writers, the buckle of his shoes more learning than Galen and Avicenna, and his beard more experience than all the universities." His motto was that of Danton, "*Toujours de l'audace*," and he boasted of having a panacea for all diseases. He was appointed professor of chemistry at Basel, but left that town in disgrace, and wandered about from place to place, the resentment of the inhabitants soon driving him away. In 1541 he died at Salzburg, in Bavaria, apparently of an injury received during a drinking bout.

The rehabilitation of Paracelsus which has been attempted by some modern enthusiasts is of a piece with the "whitewashing" of doubtful historical characters to which recent writers have accustomed us. Like Geber and the other alchemists, Paracelsus wraps his thoughts in a thick cloak of mysticism, which impresses those who mistake unintelligibility for depth, and is an attraction to the few who fancy they are acute enough to extract a meaning from his "gibberish." The study of writings like those of Paracelsus is, moreover, always attended with the danger that a too sympathetic reader may easily put the new wine of modern knowledge and thought into the old bottles of his author.

That Paracelsus did much in freeing the medicine of his day from the shackles of senseless tradition may be freely admitted. His ignorance of books left his eyes clear for looking at Nature face to face; and charlatan buffoon, drunkard, and profligate as he was, he was thus able to see some things which the books of his day could never have taught him.

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**A Few Days Ago** a well-known Homeo doctor put a truss on an inguinal swelling. Two days after an old-school doctor was called who, being of an investi gating turn of mind, pushed a knife into the swelling and diagnosed a boil. Poor Homeo.

**The Illinois State Board of Health** has dur ing the past week issued State certificates entitling to practice medicine and surgery in Illinois to the follow-ing physicians: Perry L. Anderson, H. H. Brown, F. C. Dakin, C. W. Espy. J. A. Hughson, C. E. Kurtz, Mary L. McLeod, C. M. Prentiss, A. F. Storke of Chicago; E. H. Bradley, Peoria; G. S. A. Chilgren, Burlington, Io.; J. G. Kilgore, Vermillion; F. J. Osheay, Rockford. And State certificates entitling to practice midwifery to M. A. Arcaro, Bridget Kerby, Frances Mizkienick, Charlotte Small and Johanna Wilczynska, all of Chicago.

**Ambergris.**—This peculiar base for perfumes is, as is well known, an abnormal product of the intestines of the sperm whale. It consists of acicular crystals with a considerable proportion of blackish pigment and a certain quantity of excremental matters characterized by the presence of beaks of cephalopods (*Boston Med. and Surg. Jour*). The microscopical and chemical examination of this product has led S. Jourdian to regard it as analogous to intestinal calculi, but what particularly attracted his attention was the presence of a large number of the jaws of cephalopods, either entire or in fragments. Some of these animals exhale a strong odor, which does not disappear after death or on drying. This peculiar perfume, modified by the biliary products of the sperm whale, constitutes the odor of ambergris. The black coloring matter of the latter is likewise due to cephalopods, which contains it in considerable quantities.

**The Examinations for the Medical Department of the United States Army**.—The examination of candidates for commissions in the medi department of the army, recently held at the army headquarters in New York, was not, says a writer in *The Tribune*, prolific in its results. Only four of the twenty two who appeared before the Medical Board succeeded in filling the rigid requirements, professional and physical, for appointment as assistant surgeons. The officials of the Medical Department are gratified for the few successful candidates, considering their high qualifications, but they are also disappointed at the small percentage of the successful ones. On the other hand, the applicants who failed in the examinations, and also their friends, feel their disappointment more keenly and complain bitterly about the severity of the examination. The Surgeon General's Department, however, prefers to go shorthanded than reduce the standard of the examination, and soon another examination will be ordered to fill the six vacancies still remaining.

**Dr. A. Reeves Jackson** of Chicago, died November 12th, of cerebral hemorrhage.

**Very Rare Indeed.**—It is a rare thing for a human being to have three sets of teeth and seldom that a baby is born with teeth; but a growth of teeth after death is, perhaps, the most odd of all such freaks. A case of this kind is reported from Cincinnati. Some time ago, the body of Mrs. Cathrine Davis was exhumed for removal. She died in 1852, aged thirty-nine years before her death. The coffin, when opened revealed the features in a perfect state of preservation, But, beyond this, and much more to the astonishment of the assembled relatives, the half opened mouth seemed almost smiling with a full and nearly perfect set of teeth of quite an inch in length.—*Exchange*.

What kind of soil is that which grows teeth an inch long in the mouths of dead people? No one has yet been able to produce them in the edentulous jaws of living persons, but here are all the minute particulars of a full set developed after death. What excuse has the editor of a grave professional journal, supposed to be published for educational purposes, for inserting such a roaring absurdity as that? Is he credulous enough to believe it to be a scientific fact, and if not, what reason can there be for the repeating of such a preposterous yarn?—*Dental Practitioner and Advertiser*.

What we desire to know is what kind of soil it is which can grow such monumental liars, as the author of the tooth item given above?

**Current Synonyms for New Antipyretics.**—The *Medical Age* quoting the *Pharmaceutische Rundschau* says: In addition to their ordinary and theoretical names, the common new synthetic antipyretics bear a stately array of synonyms and commercial names. On account of this mania for manifold terms, due usually to trade interests, not only is our nomenclature and the memory of the physicians, apothecaries, and druggists overburdened, but accuracy and safety of designation are also endangered and substitutions brought about. Repeated requests for explanation and determination in dubious or disputed case have given rise to the following list of current names for the more customary antipyretics:

ANTIFEBRIN.—Acetanilid; Phenylacetamid; Acetylphenylamin.

ANTIPYRIN.—Phenyldimethylpyrazolon; Phenyldimethylisopyrazolon; Oxydimethylchinizin; Dimethyloxychinizin; Analgesin; Anodynin; Parodyn; Sedatin; Metozin; Phenylon; Pyracin; Pyrazolon; Phenazon.

EXALGIN.—Methylphenylacetamid; Methylacetanilid; Orthomethylacetanilid; Methanilid; Methylantifebrin.

METHACETIN.—Paraacetanisidin; Acetparaanisidin; Paraoxymethylacetanilid; Methoxyantifebrin.

PHENACETIN.—Acetphenetidin; Acetylphenetidin; Phenetidin; Phenedin; Oxyaethanilid; Paraoxyaethylacetanilid; Oxyaethylphenylacetamid; Paraacetphenetidin; Acetparaphenetidin; Paraamidophenol.

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**La Semaine Medicale,** which has for some little time beeen publishing a Spanish edition, announces that this venture has been so successful that arrangements arge being made to publish an English edition. The first number will appear next month.

**Water Famine in Trinidad.**—The water famine under which the population—amounting to some 40,000 persons—of Trinidad, the principal town at the Port of Spain, were suffering in 1891 is alleged to be still present, nothing in the way of remedy having been yet attempted (*Lancet*). The matter has been already discussed in the House of Commons, and the late Under-Secretary for the Colonies promised to look into it. It is said that a state of things exists which is simply incredible, that the majority of the householders are without sufficient water for drinking and cooking purposes, to say nothing of ablution and drainage requirements. At the same time it is declared that an almost inexhaustible supply could be obtained from the hills at the back of the town by the expenditure of a few thousand pounds; if so, we cannot exactly understand why the townspeople do not set about organizing some practical engineering scheme for utilising this water supply. With a population of 40,000 it would seem to be possible to carry out locally a public work of such an absolutely essential kind. Are the aid and sanction of the home Government necessary for the purpose? Time was when troops were stationed at Trinidad, but we believe that there are none quartered there at present.

**A Good Prescription.**—Dr. A. J Skene is credited as being the author of the following preccription for a banquet:

℞ Extracti carnis in poculis, - - ℥ij.
Olivæ Hispanicæ, - - - - ℥ss.
Amygdalæ salsæ, - - - - - ℥j.
Raphani, - - - - - - - ℥ss.
Panis carnisque varietatis, - - ℥viij.
Astici cum condimento Auroro, - ℥iv.
Vini Burdigalensi, - - - - ℥j.
Crusti glandii vitulini, modo Regino, lb.ss.
Calidi quoddam Washingtoniensis, ℥ij.
Acetariæ e pullia gallinaceis, - - ℥ij.
Acetariæ e astacis, - - - - ℥j.
Solani esculenti cum condimento Mayonnaiseo, - - - - - ℥j.
Vini Gallici, - - - - - ℥vj.
Cremoris glacis vanillæ, - - ℥j.
Pastellæ varæi, - - - - - gr.iij.
Pomæ diversæ, - - - - - gr.v.
Caffeæ, - - - - - - - ℥ij.
Spiriti frumenti, - - ad libitum.
Spiriti vini Gallici, - - ad libitum.
Aquæ puræ, - - - - - - q. s.
Herbæ Nicotianæ.

M.
Sig. ℥ij every five minutes.

**Traumatic Tetanus.**—Dr. Mayer, of Amberg, reports a cure from the use of a mixture containing in each dose:

℞ Muriate of morphine, - - gr.$^{1}/_{65}$.
Chloral hydrate, - - - gr.jss.
Bromide of sodium, - - gr.ij$\frac{1}{2}$.

M.
Sig. To be taken three to six times a day.
Fifteen grains of morphine were taken in all.

**Catarrh of the Pharynx.**—The following appears in the *Practitioner's Monthly*:

℞ Sulph. zinci, - - - - - gr.xv.
Thymoli, - - - - - - gr.$\frac{1}{2}$.
Alcoholis,
Glycerini puri, - - - - aa ℥jss.
Aq. menth. pip., - - - - ℥x.

M.
Sig. Gargle.

**Malaria.**—Prof. Samuel Wolfe (*Med. Bulletin*) in obstinate cases, prescribes:

℞ Resorcin, - - - - - - ℥iij.
Tr. eucalypti, - - - - - ℥j.
Syr. limonis, - - - - - ℥ij.
Aquæ, - - - - - - - ℥j.

M. Ft. solut.
Sig. Teaspoonful three times a day.

**Acute Urethritis.**—To allay sexual excitement and produce a direct sedative influence upon the inflamed part, Dr. G. Frank Lydston recommends (*Lancet Clinic*):

℞ Ext. ergot., - - - - - ♏xv.
Tinct. gelsemii, - - - - - ♏v.
Potass. brom., - - - - grs.xx.
Tinct. hyoscyami, - - - ♏xxx.
Syr. aurantii, - - - - - ℥ss.

M.
Sig. At bedtime.

**Infantile Dyspepsia.**—Simon recommends the following (*Med. and Surg. Rep.*):

℞ Cascarilla tincture, - - grm.ij.
Rhubarb tincture, - - - grm.iv.
Bitter orange-peel tincture,
Gentian tincture,
Nux-vomica tincture, - aa grm.viij.

M.
Sig. For a child of seven, 10-15 drops in water, after meals.

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**My Hired Man** has a fine labor-saving device. What is it? Chills. They save him from laboring three days out of five.

**Sophtie** is badly troubled with dyspepsia. That's because he is so gullible. What has that to do with it? He swallows everything.

**Coal Dealer.**—How much coal will you have sent up? Doctor (thoughtfully): I think about two-grain capsules three times a day will be enough.

**Telegram** from a German water cure establishment: Cure completed—five weeks without a drop of beer—home to morrow evening—tap a cask.

**Daughter.**—Shall we invite Dr. Bigfee to the reception? Mother: I think we'd better not, he's so absent-minded. He might charge it in the bill.

**Downey** didn't seem to get along very well in the editing of the magazine. What was the trouble?

I have heard it said that his grey matter was too green.

**Physician.**—Twelve glasses of brandy a day! Why, have you any coat at all left to your stomach?

Patient.—Ain't so certain about that, but I know I haven't one left to my back.

**Old Doctor.**—No, sir, I never have a patient die on my hands—never. Young Doctor: How do you manage it? Old Doctor: When I find a man is going to die I get him to call in a specialist.

**The Following** epitaph may be seem in the cemetery of a parish in the environs of Paris: Here lies Madame N——, wife of M. N——, master blacksmith. The railing around this tomb was manufactured by her husband.

**Can You** suggest an inscription to go over the gate of the new cemetery? the president asked of the editor of the Quohosh *Bugle.*

Let me see, replied the editor. How would this do: We have come to stay?

**The Advertising Agent** of the Wisconsin Furniture and Coffin Co. inserted a clause in one of his ads. as follows:

No person having giving one of our air-tight coffins a thorough trial, will ever use any other.

**It is With Regret** that we chronicle the premature death of Dr. John A. Chesney of Bucyrus, Ohio, extending to the bereaved our sympathy in this sad affliction.

**Out of 1,236 paid up members** reported at the last annual meeting over 1,100 of them have paid for the present year, which is certainly a very flattering percentage when we take into consideration those who have died, left the service, changed their residences, etc.

**Inducements for the World's Fair.**—Why do not the daily papers which are attacking the railways for not offering lower rates to the world's fair turn some of their attention to the Chicago hotels? The railways have already arranged to give very liberal reductions in rates—so liberal that it is doubtful if there will be any margin of profit in the business. The railway officials cannot, without betraying the interests of the owners of the properties, do more than they propose to do. But we understand (*Railway Age*) from the daily press that the people of the country will need some larger "inducements" to visit the fair. If this is so, we are sorry for and ashamed of the people of the country. But presuming it to be so, what more fascinating inducement could be offered than an announcement that all the hotels, restaurateurs and merchants of Chicago would give the same discount as the railways during the fair? The people of Chicago have the remedy in their own hands.

**The Time Set for the Sixth Annual Meeting.**—National Association of Railroad Surgeons, office of Secretary of Executive Committee, Fort Wayne, Ind., Nov. 1, 1892. To the members of the National Association of Railway Surgeons. Your chairman and secretary beg leave to report that after having written to all the member of the execcutive committee and having received word from most of them, they find them almost a unit as to the time for holding the next meeting. In view of the fact that the American Medical Association meets in Milwaukee the first week in June it has been thought best to have the National Association of Railway Surgeons hold its sixth annual meeting on the last Wednefday, Thursday and Friday of May, thereby giving all our members who may wish to attend the meeting of the American Medical Association ample time to reach Milwaukee after the close of our next meeting. Very respectfully submitted, B. F. Wilson, M. D., *Chairman*, J. M. Dinnes, M. D., *Secretary*, Executive Com.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

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## Pan-American Medical Congress.

An event of more than passing importance not only to the medical profession but to the commercial interests of this country will be held in the City of Wash ington in September, 1893. The representatives of the Congress will be derived from the various conntries which go to make up the Western Hemisphere, including the West Indies, Windward Islands and Sandwich Islands. When we take into consideration the geographical extent of the countries interested, as well as their commercial importance, the magnitude of the coming meeting is one which will not yield even to the periodical International Congresses which have been held from time to time. It will be an occasion upon which will become apparent much of the latent forces which have heretofore lain dormant for the want of a suitable opportunity to find expression. The fact that the official languages of each International Medical Congress have been French, English and German has deterred representatives from the Hispano-American countries from participating in their deliberations. Now, however, Spanish, French, and English will be the languages employed in the forthcoming Pan-American Congress and, as a natural result, there will be attracted to it a vast concourse of the physicians to whom the first language is familiar and from whom communications in that tongue will be received and accepted with pleasure. Many of the profession of this country, of Canada, and of British North America will also embrace the opportunity of attending either from a desire to contribute or on their way to attend the International Congress to be held at Rome, as the two meetings will in no manner conflict with each other.

Thus, from a medical standpoint the Pan-American Congress will be a most important event. It will also tend to bring into closer relations the medical men of countries geographically near, although in other respects they have always seemed to be much farther off than those of Europe. A closer bond of friendship should certainly be established more especially as the march of improvement is making rapid strides in the Western Hemisphere. The natives of Mexico and of South America have always exhibited a certain amount of antipathy toward Americans this feeling having been brought into existence by the unscrupulous conduct of some of our citizens. Let our extreme Southern neighbors but come to this country and into close contact with our physicians and this aversion will surely disappear. They will be agreeably surprised to find that we are all not to be judged by the sorry specimens at whose hands they have suffered and a new era of international relations of a pleasant character as well as of mutual profit will dawn upon all concerned. This is one of the effects which the coming Congress will produce and were this all it would be a sufficient incentive to hold it. But, in addition to this, the scientific work will not only be of mutual benefit to the nations as a whole, but will be equally edifying to the individual members who will be in attendance. In fact, we feel safe in predicting that this meeting will be productive of a vast amount of the most valuable material to the medical world in general, as it will bring forth papers upon the diseases peculiar to the vast country south of us. The diseases of that region being as important to us as those of India are to England, the increment thus made to our knowledge cannot be overestimated.

It is not only in a medical sense that this Congress will be important but from a commercial and sanitary

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point of view. It is the purpose, during the meeting, to assemble the representatives of all the foreign governments for the purpose of formulating international quarantine laws. The scope of such action is to have a uniform system adopted and to make local quarantines conform to it. Moreover such action would secure protection to all without doing injustice to any. As matters are conducted at present a ship with a clean bill of health is not even permitted to present it, at some South American ports. American vessels have been compelled, on some occasions, to turn back because a false rumor had been circulated that they had put out from infected ports when such was not the truth. With responsible government officials acting for each country such disagreeable and harmful proceedings could never occur. The truth could be ascertained and a better spirit of cordiality fostered. Such a desirable consummation, however, cannot be reached until an agreement by legally authorized representatives is made, and it is this very plan that is to be brought forward, for subsequent elaboration by the Pan-American Medical Congress. The advantages accrueing to this country by such a method of procedure can surely not be overestimated.

So far as the direct commercial interests of this country will be subserved by the Congress, they may be said to be self-evident. In the first place, the manufacturers of chemical and pharmaceutical preparations of all descriptions will see to it that they make displays which will not fail to impress our visitors with the magnitude of these industries in our country. Instrument makers and all those whose products are intended for the medical profession will also see to it that they receive adequate representation. In fact, every branch of the arts and occupations employed in furnishing physicians with their needs will be present. When the representatives foreign to our shores behold the possibilities which are displayed to them, they will not hesitate to turn a large balance of the commerce of their countries to ours, where it should be. As matters now stand Europe is the great purveyor of South America and trade which should naturally be ours has been diverted into that channel. These bearings of the Congress upon the country at large have been fully appreciated by our Government, to such an extent that the countries which will be represented have been officially invited to send accredited representatives.

A question which is certainly one fraught with some importance is the financial one. To bring a Congress, such as the one contemplated, to a successful issue requires money. The entertainment of our guests is an obligation which has been imposed upon us by custom and by courtesy. As a rule, this matter is attended to by the citizens of those cities in which these gatherings are held, but Washington being the seat of the Government is not expected to do this. The only method of securing funds for the purpose lies with Congress. In view of this fact, a request has been formulated for the appropriation of $50,000 the defray the expenses incidental to the social entertainment of the members in attendance. Were it merely to ensure a junket to the physicians as such a valid objection might be entered; but, when we consider the benefits which will accrue to the country at large from this particular meeting we do not see how any rational opposition could be entered by those having the disposal of public funds in their hands. Yet, to obtain the consent of these same representatives it is necessary to make them understand the full purport of the matter; and, for this reason every physician at all interested in the matter, should make it his duty to speak of it to his representative and ensure his good will in the matter. The profession of this country owes it to itself to do this and we expect to see good work done in this direction.

The question may be asked, Why do not the members defray these expenses? Because the membership fee will not be exacted from the foreign members in attendance. This will necessitate the employment of the fees contributed by the natives and it will require quite a sum to pay the necessary expenses including the printing of the Transactions, a copy of which will be presented to every member, and to the foreign members, gratis. This involves the expenditure of a quite a considerable sum of money and it should serve as an incentive to the physicians of this country to come forward and send their dues immediately to the Treasurer, Dr. A. M. Owen, of Evansville, Ind. The dues amount to but $10 and the Trsnsactions will be worth many times that sum. The gentlemen who have thus far taken the work in hand are out of pocket to quite a considerable degree, on account of expenses incidental to stationary, postage and the issuance of the Preliminary Announcement. They certainly should not be expected to shoulder the financial burdens unaided and by sending the dues in advance each one could help to lighten the financial onus which has been laid upon the shoulders of those who, whilst willing, should not be imposed upon. A personal advantage to be derived by sending dues in advance will be the avoidance of inconvenience and trouble in registering in Washington. Those who have attended these large congresses are familiar with the various small annoyances incident to looking after these minor details. So that, in conclusion, we would urge all to remit tne money promptly thereby placing the treasury in a good financial condition and themselves in a position in which petty annoyances will be avoided.

**Clinical Instruction** is certainly one of the great advances made in the teaching of medicine in comparatively recent years. As Dr. J. Edwin Michael says (N. C. *Med. Jour.*), if there is any one thing which distinguishes modern medical teaching from that under which our fathers, and, indeed, most of us, grew up, it is the decadence of the didactic lecture and the advance in the adoption of the demonstrative methods. Laboratory instruction has indeed been pretty closely associated with the teaching of the elementary branches for many years and with an ever-increasing importance. Anatomy has had its dissecting rooms, physiology and

chemistry their laboratories. Medicine and surgery have been taught in clinics, as have also the various specialties, where the student looks on from a safe distance and has to accept the statements of the clinician on faith. The clinic must, from the very nature of humanity, in many cases, degenerate into an exhibition of the skill of the professor rather than a means of instructing the student, and the resulting graduate enters the field of professional life with too limited an acquaintance with the contingencies with which he will have to deal, to justify the reposition of much confidence in himself. The deficiency in actual contact with the use of means and measures indicated, resulted in the hegira of American medical students to Europe, where the abundance of clinical material and the facilities for closer clinical study were to be bad. The deficiencies of many of our schools of medicine in this particular are still quite obvious, and the success of the post graduate schools in the larger cities of the country is satisfactory proof that the degree-giving institutions do not fully prepare their students for actual clinical work.

**Careless Writing** is deprecated in Daniel's *Texas Medical Journal* which goes on to say that perhaps one of the most common faults with some really learned writers is a disregard of the rules of syntax. It is a common thing to encounter, in almost any of our exchanges, just such a solecism as this (by one of the ablest Philadelphia professors): "I am told by many that they have used this method which I have condemned with great success." If he had condemned the method with great success, it appears to us "they" would have ceased to use it. At a political meeting, recently, an able ex-district attorney, in relating an anecdote, said, "he cut his knee hunting 'possums with a hatchet." That is a new way of hunting 'possums. The above reminds us of the man who bought a cow for his wife with a blaze face, and a pony for his little daughter with a silver mane and tail, and also the man who dug a well with a Roman nose.

**Good Medical Writing** can only be done by educated, intelligent minds, well equipped with knowledge says the *Medical News*. We know, however that good things may be written in a very poor manner. So that we must disagree in the first proposition of our worthy contemporary. However, we are in accord with it when it says that when vanity is the motive of writing, the writing will assuredly be as devoid of value as all vanity-produced things proverbially are. Why should the terrible tax be levied upon medical men of giving the literary results of their labors to the world gratuitously? It costs life-force and time to write well and to the reader's profit. Would not the quality be better if writers for medical journals were paid for their services just as they are paid by lay periodicals? What may be expected of the unpaid labors of editors and contributors? Is that report or writing most trustworthy that is born of motives of self-magnification and the desire to attract patients and consultations? We speak subject to possible correction, but we do not think that there is more than one medical weekly in the United States that pays cash for every contribution to its columns. There is certainly but one that frankly advertises the fact in every current number it issues. Even in this case only a beginning is made toward better things, and when medical literary ability, both editorial and contributional, is adequately compensated, that ability will spring into existence fitted to help on medical progress with noble strides.

What hinders such payment? Simply the shameful multiplicity of useless journals.

**Constant Vigilance** is necessary according to the Tennessee State Board of Health *Bulletin*. All American periodicals, medical journals, magazines and newspapers agree in the opinion that next year is one fraught with great danger from a cholera invasion. This apprehension is based upon the fact that for some two months thousands of immigrants were allowed to come in from the infected districts of Russia, with large quantities of clothing, which had been exposed to cholera poison. These people are scattered over the United States, especially in the West, and next summer it is likely that there will be many repetitions of what happened a few years since, to-wit: Sporadic cases of cholera from infected clothing; hence the necessity of a vigilant watchfulness, and of preparation for promptly stamping out the disease wherever it may appear.

Again, there is no probability that immigration from Europe will cease, and until the plague is stamped out there America is endangered.

Hence, all our servants—National, State, Municipal—are called upon to be ready. The people expect to be spared the alarms experienced in September last. From the successful fight then made by sanitarians, under great difficulties, they confidently look for a grand victory in 1893. The men are ready. All that is wanted is money. This must be furnished by the legislative bodies, great and small.

**Journalopathy** is what the *Medical News* calls the prevalence of medical journals in this country. It goes on to say: From the most reliable data at our command we estimate that there are published in the United Kingdom about thirty-six medical journals, excluding the annuals, which may hardly pass as serials. In the United States there are something over two hundred such periodicals.

In proportion to population, therefore, we have, roughly, between three and four times as many medical journals as England. But even this enormous disproportion is heightened by the fact that England supplies her colonies and the English-speaking world with much of their literature of this kind. What is the reason and significance of this fact?

The reason for the fact is that with us the great majority of journals exist for the benefit of advertiser,

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publisher, and editor, and if at all, only indirectly for the advancement of medical science and the benefit of the medical profession.

The significance of the fact is that the vast influence for good that might result from the concentration of interest and power into a few authoritative and useful journals is frittered and dissipated in smoke by the pernicious multiplication of hundreds of useless and wasteful ones. There is only about so much money that may be devoted to medical serial literature by the members of the profession; if this is largely divided among second, third, or tenth-rate periodicals, it cannot be utilized in the encouragement of the first-rate ones. The more subscribers a good journal has the greater the amount and the higher the quality will be the reading-matter given. We positively have no jealousy or ill-will whatever toward this class of journals; we only wish to emphasize an incontrovertible fact. No one can fully estimate or truthfully deny the tremendously good influence exercised by such periodicals as the two powerful mouth pieces of the English medical profession.

**Medical Legislation** seems to be sadly needed everywhere. Dr. S. C. Towler recently spoke as follows (*Med. and Surg. Reporter*): The Pennsylvania State Medical Society, has placed itself squarely, and earnestly in favor of a State Board of Medical Examiners, for Practitioners of Medicine, etc. It is pertinent, at this point, to inform laymen, and some doctors, what the State Medical Society is. It is the representative body, directly of, in round numbers, 2,500 doctors, composing the county societies, and indirectly, of 6000 regular physicians, in this State. Within its membership are found, the most eminent medical men of the Commonwealth, men of national reputation, and second to none in their profession. The State Society has been noted and indeed blamed, for its conservatism. It has been slow to move out of well-beaten paths, slow to give countenance to theories, doctrines or legislation, unless well-founded, proved and necessary. It does not lend its aid, or give its support to any man, or set of men, but has with dignity stood for the profession as a whole, regardless of faction. No man, be he ever so eminent, who appears before it, with theory or line of treatment, is above its kindly criticism, no man, in its ranks, so humble, but his ideas can have place, and respectful hearing. When such an organization places itself on record, in favor of an examining board, it means more than "something"; it means much. It seems that this learned and conservative body has been forced to the conclusion that the present law is not sufficient to protect the layman from incompetent and ignorant practitioners. When we consider, that, under the law of 1882, no person in 1892 can enter into and begin the practice of medicine without a diploma from a legally chartered college, the innovation must be startling to the uninitiated. For it means, not only as stated above, but also, that in the profession itself, diplomas are at a discount.

What a criticism on the profession! What a sarcasm on medical colleges! "What?" asks the layman, "Is the sacred sheepskin, that hangs in my family doctor's office, with all its glory of ribbon, and seal, and long list of profesfors' names, not evidence of his fitness for his profession."

**Social Clubs for Doctors** constitute a pleasant means of forming a larger professional acquaintance. In an article in the *International Journal of Surgery* we are told that the writer in his peregrinations has often been asked whether he was acquainted with Drs. Brown, Jones and Robinson, of his city. Now very probably he knew one of them, sometimes both, and seldom the whole three. And there is always a feeling of wonder in the mind of the inquirer when one answers that he is not familiar with the personality of any one of them. As a matter of fact, in a very large city it is well-nigh impossible to become acquainted with all of one's brother practitioners, or even with anything but a small proportion of them. Yet social communion among the doctors is too much neglected, while there is no doubt of the benefit which some effort in that direction would result in. The formal meetings of learned societies are certainly a step towards social results, but the latter can only be achieved by a direct method. Large cities should have clubs composed only of medical men, whose scientific discussions should at all times be informal, where conversation upon other subjects, where the amenities of life, where the freedom of a home should promote friendly and kindly relations between men who, at the present time, meet only in the pursuit of their avocations, and have no opportunities of judging of and appreciating the social value which is so often hidden behind the armor of those who combat disease.

**An Ideal Position** is that of the physician, to a certain extent only. He must not presume upon the liberties which his profession permits him upon the false assumption that they are accorded to him on account of his personal qualifications. Prof. Clifford Allbutt in the course of an address (*Lancet*) speaks as follows in this regard: We will not claim too high a place for our craft lest we be punished for our self-esteem; yet to the physician whose unseen privilege it is to preserve a great leader or a great seer for the service of the State, or, in the life of the family, to restore the loved to the loving, and to bind again the bond which death would have dissolved, there is no light honor, no small blessing; nor is it a small thing, passing beyond personal service, to restore to health the tainted life of a community of men, to purify the wells of life or to arrest the march of a pestilence. But we bear a greater testimony than these. Is there not something more than the cure of disease, something more than purification, something even more than the defeat of a pestilence to which we bear witness? Amid the conflict of religious sects, amid the decay of creeds,

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even beyond righteousness itself, is there not arising a new idea of humanity—of ethics springing rather from mutual sympathy and tenderness than from moral codes or supernatural sanctions? Are not our eyes opening to see in this humanity, in the revelation of that higher life which is found by losing ourselves in others, the essence of the gospel of Christianity; and if we are true to the best work of our calling, are we not ministers of this new and fruitful hope? To regard the individual conscience is to regard a dark, an unstable, even a whimsical, standard; but to form from day to day higher and higher conceptions of human ideals and of human service is to set forth and to strengthen the ethics of the future, and to this work we also are called. We are concerned more or less directly in the solution of many social problems which may be solved this way or that, but the issues of which are of grave consequence to ourselves and to our children, and will bear good or evil as they come into accord with the higher or the lower impulses and tendencies of modern civilization.

**The Attention** of non subscribers who receive this number of the REVIEW is particularly directed to the slip enclosed in this number. We are desirous of increasing our subscription list and in order to do this we make the unprecedented offer therein contained. Do not let this opportunity pass by unheeded. It is one which you may not have again for sometime to come. We are desirous of having every progressive physician a subscriber and we are certain that if you become a subscriber you will continue to remain such.

**Correction.**—Our readers may remember that we extracted an article on Trichinosis which appeared in the MEDICAL REVIEW of Nov. 19 last. It was incorrectly credited to Dr. G. Henning whereas the author was Dr. Morris J. Alexander of Austin, Miss., who is certainly entitled to proper credit for such a good article. We are sorry the error occurred, but take pleasure in publishing this correction.

**Enuresis.**—Van Tienhoven believes the cause of nocturnal enuresis is the complete closure of the prostatic urethra (*Ex.*) during sleep. The urine reaches the urethral pouch and excites the detrusor to contraction. To overcome this he advises the patient to sleep with the pelvis raised by a wooden framework to an angle of forty-five degrees. By this means the urine is to be kept out of the sensitive region.

The explanation is probably true, as enuresis usually occurs during profound sleep, when the muscular relaxation is most complete; and the most approved methods of treatment are those that prevent this heavy slumber. This accounts for the good effects of placing a marble in a belt in such a way as to press upon the spine whenever the patient rolls over upon his back. But when it comes to raising the body to an angle of forty-five degrees with the bed, it is doubtful if the suggestion could be put into practical use.

**Progressive Peroneal Muscular Atrophy.**—Dr. Philip Zenner in speaking of progressive muscular atrophy (*Lancet Clinic*), says: As regards the peroneal type, the disease usually begins either in the small muscles of the foot or in the extensor of the large toe, or of the common extensors of the toes; it extends very slowly to the other muscles below the knee and, perhaps after a long time, attacks the muscles below the elbow, largely limiting itself to these parts. In some cases other muscles are effected. In many cases of this form decided changes in the electrical reaction, reactions of degeneration, have been found. On account of this, as well as because there are sensory symptoms, it has been supposed to be due to changes primarily in the nerves, and to be neurotic in origin. Hoffman, who speaks of it as progressive neurotic muscular atrophy, brings in this connection some pathological changes of cases described by Friedereich and Virchow, where he alone is responsible for this interpretation. He brings these to prove their neurotic origin. There were changes in the nerves as well as in the posterior columns of the cord, and he supposes also in the anterior cornua which were not observed. He describes three or four cases with very decided reaction of degeneration, cases in which he believed there were changes in the nerves, but he supposed that these changes were only secondary. Then, all three of these forms of disease, though described sometimes as primarily spinal, primarily muscular, and primarily neurotic, are possibly all primarily spinal, but there are some differences, pathological as well as clinical, which make them distinct diseases, although the causes of these differences have not yet been determined.

**Case of Biliary Fistula in the Newborn.**—Dr. J. Herbert Darey, reports the following (*Med. News*): On August 31, 1892, I was called to attend Mrs. A. in labor. A rather small-sized boy was delivered after an easy and normal labor. The child was the second. The placenta came away intact. About ten days afterward I was sent for to see the child, as something was wrong with its navel. On my arrival I was told that the nurse had seen matter that looked like feces welling up from the unhealed stump of the umbilicus. On examination the navel was protuberant, and had not yet cicatrized. The stump projected about three-eighths of an inch above the surface of the skin, and had some flabby granulations on it; but there was nothing else visible. I thought that some pus might have been present that had deceived the nurse. The raw stump was touched with a crystal of copper sulphate

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to check the exuberant granulations. The father saw the child the next time it was dressed, and stoutly maintained that he saw feces emanating from the navel when the child cried or stretched itself. He was so positive that I looked again, and saw on the binder a yellow stain that looked like that which was on the diapers, and a perfectly odorless yellow fluid coming out of the navel. A minute opening was now detected in the stump, into which a probe passed upward and outward to the right for a distance of about three inches, when it encountered something solid, which must have been the liver. The parents were much alarmed, as they thought that there was no hope for the child with the intestinal contents coming out of the navel. I had some trouble in disabusing them of this idea. A probe, armed with silver nitrate, was passed deeply to the bottom of the fistula, to set up adhesive inflammation. This was done daily for ten days, the probe being introduced less and less deeply each day; when the fistula closed up completely. The child was in good health all the time, and though small, is at present growing nicely. I teought that the fistula must be due to an unobliterated umbilical vein; but just how the bile got into it is somewhat mysterious. Was there a communication between the gall-bladder, or ductus communis, or cystic duct, and the vein; or did the bile come from the biliary ducts in the liver itself and empty into the vein in some way?

**Expectant Treatment in Typhoid Fever.**—Dr. Arnot Spence details the results from this plan in three hundred and twenty-three cases of typhoid fever (*Med. Rec*). Upon terminating his article he says: In conclusion we can say that of our cases nearly four per cent. died as the result of admission in a moribund state; that over three per cent died of the accidents incidental to the intestinal lesions, as hemorrhages perforation, and peritonitis; that 1.5 per cent died of complicating pneumonia; that 6.8 per cent died of the typhoid poison itself and its resulting exhaustion. That the death-rate was higher among the females than the males, and that the lowest mortality was in those cases of an age between fifteen and twenty years.

It is not likely that any treatment can be devised which will prevent absolutely such occurrences as intestinal hemorrhages and intestinal perforations, and therefore we shall have those to contend against. A treatment which may possibly antidote the specific poison of typhoid fever without lowering the vitality of the patient will be, in accordance with our present theory, the one to reduce its mortality.

**Sulfonal as a Substitute for Bromide of Potassium.**—Dr. Hinsdale of Philadelphia has reported a number of cases of the successful use of sulfonal in cases usually treated by the bromides, and, especially, the bromide of potassium. His conclusions are as follows: "The best results from sulfonal are in those cases where the bromides cause so much skin trouble or mental disorder that their quantity must be lessened or altogether suspended; then sulfonal becomes valuable." In a discussion upon Dr. Hindale's report, Dr. Dercum said: "Sulfonal has, in my experience, a decided value in diminishing the number of epileptic attacks xxx. In a number of instances I have succeeded in markedly diminishing both the violence and the frequency of the seizures by very moderate doses of the drug, and its chief value seems to be that it can be administered for quite long periods in place of the bromides, thus enabling the patient to rally from the depressing effects of the latter."

**Prevention and Cure of Puerperal Sepsis.**—In a paper on this subject (Cin. *Med. Jour.*) Dr. W. W. Potter arrives at the following conclusions:

1. Obstetric engagements once accepted should be faithfully fulfilled, no matter how awkwardly they fit. Apply the same rule of cleanliness to the poor and rich alike. Decline service when this cannot be done. Human life is too precious to jeopardize it by slip-shod half-hearted or indifferent service.

2. The physician should be a model of cleanliness in body and clothing, and should insist upon the observance of similar conditions by all persons in and about the lying-in chamber.

3. The delivery room, whether in hovel or palace, court, alley, or avenue, should be simple in its furniture and hangings, and be cleaned with soap, water, and whitewash (if possible to use the latter) immediately before occupancy by the puerpera.

4. The delivery bed should consist of a new tick filled with sweet and clean straw, covered with a blanket, impervious dressing, and a folded sheet, with other covering to be allowed according to season. Exceptions to this simple bed should be as few as possible, and in no event should a bed be substituted that has been used by the sick, or that is not beyond even a suspicion of infection.

5. The patient should be especially prepared for delivery by baths and enemata, vaginal douches, and clean clothing; and labor should be conducted on the lines of absolute cleanliness, with few digital examinations and a complete delivery of the secundines.

6. Lesions of the genital tract should receive careful attention; rents of the perineum should be repaired, and so, too, in some instances, should tears of the cervix.

7. Antiseptic solutions containing a germicide should be used for cleaning the hands and instruments of the operator. Intrauterine irrigation with sterilized water should be carefully employed after operative midwifery, either manual or instrumental.

8. Finally, if sepsis proceeds to suppuration and abscess the abdomen should be opened, pus cavities emptied, irrigation used, and drainage established. If the uterus and adnexa become thoroughly infected they should be extirpated.

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**New Growths in the Heart.**—Jurgens reports (*Central Blatt f. Klin. Med*) four cases of tumor of the heart which possess exceptional interest on account of their extraordinary rarity. The first case was one of a round fibroma about the size of a cherry occurring in the right auricle of a child of 10 months. At several spots of the endocardium of both ventricles there existed diffuse, somewhat strongly-marked, thickenings, which perhaps arose at the same time and might be referred to the same causes as the fibroma. The second case was that of a polypoid fibro myxoma of the left auricle in a workman, 50 years of age, who died of gastric carcinoma. The tumor almost completely closed the mitral orifice. The non existence of hypertrophy of the right heart, and the slight clinical symptoms are therefore very remarkable. It is further worthy of record, that the pedicle contained striated muscular fibres which manifestly had their origin in the auricular wall, and through the strain were dragged into the pedicle. The third case was a fibro sarcoma of the right auricle in a man 36 years old, which had reached over to the tricuspid valve and its chordæ tendineæ. Death occurred suddenly. It is to be regretted that further details could not be obtained—the patient was a foreigner. Other tumors were not found. The fourth case showed numerous gummy nodes in the right ventricular wall of a girl of 19. Death occured suddenly without previous illness, and there was a suspicion of poisoning. Post mortem examination revealed complete infiltration of the myocardium with gummy tumors the size of peas. Other characters, which would point to syphilis, consisted in marks in one of the kidneys and in the middle of the ileum.

**Bacteriological Examination in Choleraic Diarrhea.**—Several cases recently under observation in Berlin have directed Guttman's attention to the importance of a bacteriological examination in the recognition of mild cases of cholera (*Berl. Klin. Wochenschrift*). He says there are cases of cholera whose symptoms are so slight that they do not even correspond with those met with in cholera nostras, namely, vomiting, diarrhea, and pain in the calves. Thus in slight choleraic cases, cramps may be entirely wanting, vomiting and diarrhea only being present. Further, vomiting may be absent, and there is present alone diarrhea, lasting for several days in a more or less pronounced form. Even such cases may be true Asiatic cholera, as the discovery of the comma vibrio proves. Thus in the case of a nurse who had attended a lady with true cholera in Hamburg, diarrhea came on on the evening of her return to Berlin. During the two succeeding days she had a liquid stool; on the third day severe purging, lasting until her admission to hospital on the fifth day. Vomiting had never been present, and there were no cramps in the legs. On the sixth day the patient was well, although still having liquid evacuations. Microscopical examination of preparations taken from a small flake revealed numerous comma bacilli. Twenty-four hours later, a specimen had grown so luxuriantly on gelatin that it appeared almost to be a pure culture. In the majority of cases of cholera the stools are colored yellow, and only in the severe forms do the colorless rice-water evacuations occur. For bacteriological purposes, one ought to look for small flakes or masses in the colored stool, the bacilli being usually found there as plentifully as in the mucous specks of the rice-water evacuation.

**Cannabis Indica in the Painful Diseases of Women.**—Dr. J. B. Mattison praises (*Ex.*) cannabis indica highly as an anodyne and hypnotic. It is not a poison; there is no fatal case on record. It must be given in full doses. Small doses are stimulating and exciting; large ones sedative. It is equally useful in dysmenorrhea, especially of the spasmodic variety, and in painful chronic metritis. In many cases of uterine cancer it allays or prevents pain. It acts well in megrim, in the neuralgias and headache so common in anemic women. It is a safe and excellent hypnotic in insomnia. The tincture must be given in doses of 20 to 60 minims, and of the solid extract, ½ to 2 grains. Farlow recommends the following suppository in dysmenorrhea, to be introduced every night, beginning five days before the time of the period:

℞ Ex. cannabis indicæ,
Ex. belladonnæ, - - - aa gr.j.
Ol. theobromæ, - - - - ℥jss.
M.

**Surgical Dressings.**—The respective advantages of dry and moist dressings have received much attention of late (*Practice*). A point was made concerning dry dressings which did much to decide operators in their favor. We refer to the quality possessed by some of them of adhering closely to exposed surfaces, thus making an impervious, antiseptic covering, beneath which the reparative processes may uninterruptedly take place. This adhering property is observed in a marked degree in europhen, which has attained a high reputation as a cicatrisant. Europhen, too, is a bulky powder which may spread to advantage over large, denuded surfaces in cases in which it would be dangerous to employ iodoform. The antiseptic and stimulating properties of europhen have, no doubt, contributed greatly to its success, for its cresolic component promptly shows a characteristic action. The iodine contained in europhen goes off slowly, thus preventing the toxic action so often recognized in preparations of iodoform and making frequent dressing unnecessary, while its solubility in the liquefied products of inflammation add to its effectiveness as well as its safety. In the lesions of syphilis, in ulcerated surfaces, burns, and all traumatisms, this new dressing has done admirable work. Europhen has undoubted advantage over iodoform in being free from disagreeable odor or toxic influences; but it must possess sterling qualities as a dressing quite apart from these characteristics, for it is already used by surgeons, though quite new to modern therapeutics.

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**Early Extirpation of Tumors.**—Dr. John W. S. Gouley makes a plea (N. Y. *Med. Jour.*) in favor of early operative interference in the case of tumors. He concludes that the results of the examination of the four points proposed for consideration in the discussion of the initial question may be summarized as follows:

1. Malignant tumors exceed benign tumors in frequency.

2. The malignant tumors comprise epitheliomata, sarcomata, and internal adenomata.

3. Among the benign tumors myxomata and external adenomata often recur after excision, but do not infect the system.

4. There is no solid benign tumor that may not become malignant.

5. No means are known by which can be ascertained the precise time of the beginning of metaphoric action in tumors.

6. Most malignant tumors have a stage of benignity.

7. Excision of potentially malignant tumors in the early epoch of their stage of benignity is likely to effect a permanent cure, or at least, to prolong greatly the period of immunity from recurrence of the disease.

8. In the excision of malignant tumors the greatest care should be taken to remove as much of the ambient tissues, including fasciæ and lymph glands, as compatible with good judgment.

9. General treatment of tumors has no value except as an adjuvant of a surgical operation, and is often indirectly injurious, leading the person to expect a cure by persevering in the use of drugs, and thus allowing the disease to make rapid progress toward a fatal end.

Local treatment of tumors, by means of escharotic plasters, or powders, is the most fruitful in evil of all the devices for the afflicted. The plaster, paste or powder causes tho greater part of the tumor to slough, but there is enough left behind for the most rapid extension of the disease. The effect of the escharotic is, therefore, only to till the soil where new growths sprout like so many seeds cast upon rich loam.

11. Compression is delusive in the case of tumors containing cysts, and is directly hurtful by exciting the rapid growth of most tumors.

12. Expectancy, even in the case of benign tumors, is as unwise as meddlesome medication.

13. There should be no waste of time to make a precise diagnosis of a particular morbid growth, for after its excision the microscope reveals the nature of its constituent elements and assists in the establishment of the prognosis, which is the question of greatest importance to the sufferer.

14. What is known of the great fatality of tumors of long standing should induce surgeons to advise the complete removal of all accessible morbid growths as soon as detected, no matter how seemingly trivial or harmless, such as small glandular, fatty, fibrous, and vascular tumors, wens, warts, moles, etc.

15. As soon after excision and as often as a tumor recurs it should be removed, so long as there is any possibility of insuring cicatrization of the wound, even by skin-grafting.

16. Medicinal treatment after excision of malignant tumors is of much value, even if it consists only in the administration of reconstitudnt medicines.

**Myxedema Cured with the Juice of the Thyroid Gland.**—Professor Bouchard has found (*Progres Med.*) some very decided improvement in two cases of myxedema follow upon treatment of them with injections of juice of the thyroid gland. The effect was surprisingly rapid. The edema quickly disappeared, and the mental improvement of the patients, from a characteristically slow and heavy state to a brisk and intelligent condition, was very remarkable. Their habitually chilly condition had led them to keep on a considerable amount of clothing in bed, but this was soon unnecessary after the treatment had begun. Each injection was followed by an abnormally large secretion of urine, but the qualities of the urine were not constant. Some headaches and pains in the arms accompanied the injections, and ceased when the injections were given up. Professor Bouchard does not profess to determine that the thyroid juice is the only curative material, but thinks it very possible that furthnr experiments may show other organic liquids of value.

**Gouty Affections of the Intestines.**—Dr. A. Haig, writing on the pathology and treatment of gout, says, (*Med. Press and Cir.*) that he believes that a large number of cases of colic, enteralgia, enteritis, and some which are clinically indistinguishable from typhlitis, are really due to a gouty irrition of the fibrous tissues in the walls of the intestine. From his personal experience, which first directed his attention to the matter, and the results of treatment in his own and other cases, he has been gradually led to the belief that the colic and enteritis produced by such metals as lead, mercury, zinc, copper, and manganese is due to gout of the walls of the intestines. It has been pointed out that these metals, and certain other drugs mentioned, form insoluble compounds with uric acid and it is suggested that the urate of the metal, or other insoluble urate, is deposited in the walls of the intestine, and gives rise to the irritation in question. In Dr. Haig's case the attacks were brought on by cocaine, by mercury and by cold. He further suggests that many cases of typhlitis have a similar origin, and that there is frequent clinical connection of this trouble with gout or rheumatism. As regards treatment, the drug which is most useful in all these conditions, salicylate of sodium, is also that which is by far the most useful drug in the arthritic irritations produced by urates. This drug, acting as a solvent of uric acid, will break up and remove the urate, with whatever metal it may be united, and at once relieves the irritation as in the case of the joints. His experience in these, and also in cases of lead colic, encourages him to hope that others will give it a trial in similar cases, which he believes to be much more numerous than is generally supposed.

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## My First Case.

Editor Medical Review.—I read an article in a recent issue of the Review, on "His First Case." To show how easily a newly-fledged M.D. can get his foot in it, allow me to relate an experience of twenty years ago, perhaps it will benefit the younger members of the profession. It was a case of earache. On the banks of Soap Creek, in a tumble down log cabin, lived a family consisting of husband, wife and six small children. One of the younger members of this highly interesting group was taken with symptoms that baffled the old grandmother and intelligent neighbors and the nearest doctor, myself, was sent for. Now, when I left my home to battle with disease, I firmly made up my mind that come what might if I had the temerity to name an ailment I would stand by it, I proceeded (with these thoughts uppermost), to diagnose the case, and when the old lady, a pig eyed, camel backed nose, razor-faced, loose-jointed specimen of backlebarny, asked me if I 'knew what was the matter with the child" I was prepared to give an answer. "Yes, ma'am, the child has cerebro-spinal meningitis." "What's that?" "A disease of the brain and spinal cord," says I. "Kin you cure it." "I can try," and I proceeded forthwith to give it something to close its mouth for a time at least. I left for home, but no sooner had I turned in, when the father was yelling at my gate for me to hurry over, the child was worse. This visit was prolonged two hours and the symptoms did bear me out in my diagnosis, so on my return home I read up on diseases of children and retired about 8 A. M., satisfied I would fix things all right on his next visit which I felt sure to come. About noon he appeared with a dissatisfied look and informed me that if I could do nothing more he would go for his old doctor. Well, not much; that would have settled me. So, studying up a cock and bull story to fit the occasion, says I, "John, your babe is in a bad fix, a change at this time would kill it. Medicine has no effect by the stomach, we will try pouring it into its ears, in this way we come in direct contact with the brain and cord." I thereon immediately passed him an ounce bottle of laudanum, olive oil and lobelia, with instructions to report. The next day he came with the news that babe was all right. About dark three months later the old woman described above, appeared at my door, with the news that John was away from home and the child had another attack of that "Finalolddevil come-and-get-us" and worse than ever. I gave another bottle for earache and crawled into bed feeling that I had certainly missed my calling, and if that joke got out on me I was done for, but it never did. Medico.

## A Large Baby.

Editor Medical Review.—As you are receiving reports of large babies, I can add two of eighteen and three-fourths pounds each to the number. I was called four miles distant in the country to see Mrs. M., the mother of several living children. I found a doctor in attendance. The child's head had been born three or four hours before my arrival. The doctor had pulled on the head with all his force. He told me he had placed his feet against the bedrail and pulled with all his might. Do you wonder he did not pull the head off? I found the left shoulder in the hollow of the sacrum, the right above and behind the pubis. With the aid of a blunt hook I brought the left arm out over the perineum. The right shoulder was yet firmly impacted behind the pubis. I rotated the child (backward) bringing the left arm in front of the pubis. This brought the right shoulder into the hollow of the sacrum. Then bringing the right arm out over the perineum delivered the baby by moderate traction, a male, net weight eighteen and three-fourths pounds. Of course the child was dead. Strange to say the mother did well. Twenty months after, I was called to the same woman, in labor. I delivered her in the same way (minus the pulling), of another male child, weighing exactly eighteen and three-fourths pounds. I think they could not have been delivered "via naturale" by any other method. There was good reason to believe these were cases of prolonged gestation. The mother claimed eleven months (calendar). I will not trespass on your space by reporting another recent case, similar to the first.

Charleston, W. Va. W. P. Ewing, M.D.

## An Inquiry on the Treatment of Impotency.

Editor Medical Review.—I want some advice from the editor and subscribers of the Review on a disease that the text books fail to give satisfactory treatment. It is impotency, or inability to have an erection. I have several cases of this kind, fine, healthy looking men, from thirty-six to forty years of age. The only disease any of them complains of is gastralgia or indigestion. Some of the cases are railroad engineers and some are men of family; and, as a general thing, are temperate. I want advice from some of the old veterans of long practical experience. I have used nux vomica, phosphorus, damiana, etc., and they do but very little good.

Medico.

## After-Pains.

Editor Medical Review.—

After-pains are much more severe and frequent in those who have borne many children than in primiparæ, the pains are apt to be more severe after an easy labor than after a long, tedious one. The pains come

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on gradually after confinement, beginning, in many cases, an hour or two after delivery, and last for hours, or even days. After-pains, no matter how strong, are intermittent, with a latent interval; they are rather eased than increased by pressure; the lochial discharge is more profuse when the pains are bad. These symptoms will clearly demonstrate the difference between after pains and peritoneal inflammation. In many cases the pains are so severe that the attending physician must do some thing to relieve them, and this is often more easily said than done. I have used many so-called sure cures, but the following has given better results than anything I have ever used:

℞ Pulv. camphoræ, - - - ℈ij.
Pulv. doveri, - - - ℈j.
Ext. hyoscyami, - - - gr.x.
M. Ft. capsules, No. x.
Sig. One capsule every three hours.

If the pains are very hard and intractable, and the uterus large and tense, it is an indication that there are clots within the uterus, in such cases the following is par excellence:

℞ Fl. ex. ergotæ, - - - - ℥j.
Dioviburnia (Dios), - - - ℥ij.
M. Ft. solutio.
Sig. Teaspoonful every three or four hours.

Dioviburnia is an excellent uterine tonic. I never fail to prescribe two, and sometimes four ounces after every case of obstetrics, of which I have a great many, and, consequently, I never have a case of subinvolution to contend with; I advise its use if you would have good success and good after results.

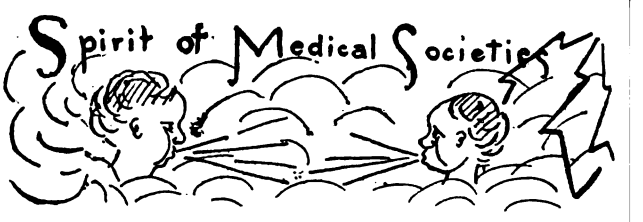
I have had the opportunity of trying its merits in the Prison Christian Rescue Home, I being the physician of that institution, and nearly all of the girls come from the jails of Kansas City and Wyandotte, Kas., nearly every one of whom is either pregnant or just convalescing from a miscarriage, or suffering from metritis, endometritis, menorrhagia, ammenorrhea, dismenorrhea and, in fact, every disease that woman is heir to. I invaribly put them on Dioviburnia, and it does wonders for them. It soon builds up the uterine appendages. Locally, I use tampons of glycerine and iodine.

I have a case now of a young married woman who has had three miscarriages, two or three months only elapsing between each, and nothing seemed to arrest it; I have kept her in bed for four weeks, and she would miscarry. She again became pregnant and I success fully carried her through with Dioviburnia.

I cheerfully recommend Dioviburnia to the profession, although I do not on general principles use proprietory compounds, but having tried similar recipes and found them incapable of producing as good results.

Kansas City, Mo. E. J. Dennis, M.D.

**Now** is the time to subscribe for the Medical Review.




## St. Louis Medical Society.

Stated meeting held December 3, 1892. President Dorsett in the chair.

The committee appointed at the regular meeting to look into the water supply of the city made a partial report as to the condition of the water November 28, at which date the committee made their investigation. Dr. C. E. Briggs read the general report. The places visited were Ferry Street, Gingrass Creek, Lowell, Distributing flumes, Moline and Harlem and the rendering establishments in the Lowell territory. The surface drainage there is bad and putrid. The surrounding sewers containing a fatty and greasy water which emptied into the Mississippi River at a short distance below the auxiliary pumps at which place it had a tendency to eddy, and in all probability some found its way into our drinking water. With this condition the committee reported it unwise and unsafe to drink the water which is being furnished at present by the city mains. The chemical laboratory at Bissel's point was found splendidly arranged and equipped for general analyses. The settling basins being very close to the Lowell district, the wind blowing favorably would cause a putrid odor to sweep over the basins and if rain should fall during this impregnated condition of the atmosphere it was the opinion of the committee that the water would be contaminated in this manner. It was readity to be seen that the Lowell district was considered a rank nuisance and Hades the proper place for same.

Dr. Chas. O. Curtman reported as to the chemical condition of the water taken from several places. His analytical investigations proved of great interest, his test being for the total organic matter—albuminoid and free ammonia—which the water contained. The samples of water were taken from No. 1 Deer Well; No. 2 Inlet Well; No 3, Distributing flume; No. 4 Carey Ave.; No. 5 Public Fountain on North Broadway. Of the free ammonia, No. 1 contained 1.70 milligrammes; No. 2, 1.78 milligrammes; No. 3, 1.75 millgrammes; No. 4, 2.5 milligrammes; No. 5, 0.71 milligrammes, none of which is in excess of the amount allowed by analysts. Of the albuminoid ammonia, No. 4, contained much above the amount admissible, *i. e.*, 7.85 milligrammes, and one to be feared as a bacteria propagator. The nitrates were found in undue quantity and the general condition (chemically) proved that while the water contained none of the various elements in great excess yet it was slightly above the limit admissible and, therefore, is

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open to some condemnation as the cause, at least, of some of the prevailing disease.

Chief Sanitary Officer Francis was then introduced and threw some light on the limits of typhoid fever and also the condition of houses and typhoid cases reported from April 1 to November 30, 1892. Nearly 2,490 cases were reported in that time of which those from November 1 numbered 1,900; from November 15, 1600 of which number 242 died and 65% were between the ages of fifteen and thirty. Nearly all were in the limits from Arsenal Street to St. Louis Ave., and from Grand Avenue to the river. Only seven cases were heard from in Carondelet, none in Benton, Clifton Heights, and Gratiot and very few outside of these limits. Of 2,240 houses examined 2,140 used water 1,900 exclusively city water, 147 river and cistern water, 178 well and river water, 63 well, cistern and river water, 8 well water exclusively, 50 cistern water exclusively.

Dr. C. Hughes asked if the milk supply had been examined, if not, would it not be well to turn some attention in that way?

Dr. L. Bremer was inclined to believe that the majority of cases reported were of the old bilious or remittent type of twenty years ago, the symptoms in two cases especially he had been called to see in the flooded district near East St. Louis seemed typhoid but were also of remittent character upon thorough examination. He thought that physicians were somewhat hasty in reporting typhoid in the majority of cases. It should be ascertained which is typhoid and which is not. He examined blood specimens but failed to reveal the necessary condition.

Dr. Bauduy spoke at length on typho malaria and how that name was used by so many intelligent practitioners when such a condition does not exist and the expression should not be used.

Dr. Chas. Hughes thought the condition was grave enough, be what it may, when 15% of the sick had succumbed to the malady if it be a new or an old one but which he was inclined to believe typhoid in the majority of cases. Look at the milk and water, as we certainly have a dangerous enemy to deal with.

Dr. McPheeters spoke of the condition being *sui generis* and peculiar to his experience and was looking for some light for the best treatment; so far he had been successful with very little treatment.

Dr. Fairbrother, of East St. Louis, was asked to prepare a report of East St. Louis for next meeting at which time this all absorbing topic will again be dealt with interestingly.

Chas. E Schleiffarth's name was proposed for membership and the chair reported that Mrs. W. E. Coles has books at Chambers & Co., of Dr. W. E. Coles (deceased), for the St. Louis Medical Society.

**Psorospermosis.**—Dr. Boeck reviewed, in the recent International Dermatological Congress, the history of Darier's disease (*Med. Rec.*), and showed photographs of the four cases which he had himself observed The speaker could not agree with Darier as to the nature of the round corpuscles described by him and regarded as parasites. He believes them to be simply altered cell-elements.

Dr. Neisser thought two diseases offered special facilities for the study of psorosperms: Paget's disease and molluscum contagiosum. In the first the parasitic nature of the disease is not yet established. For molluscum we may consider the matter a settled fact. He had succeeded in following nearly every stage in the evolution of these corpuscles, and determined the fact that they correspond almost entirely with the psorosperms from the liver of the rabbit.

**Leprosy.**—Dr. Bancroft, of Brisbane, contributed a paper to the International Medical Congress of Australasia (*Brit. Med. Jour.*) on the History of Leprosy in Queensland, from which it appeared that the earliest recorded and known cases occurred in 1866 in a German who had longed lived in Hawaii; and Dr. Bancroft, after searching hospital records, was convinced that several undiagnosed cases in Europeans occurred later that the year named. A large party visited the leper hospital, when many of the visitors saw leprosy for the first time. The various forms of the disease were demonstrated by Dr. Ashburton Thompson. There are about twenty cases detained here, including two females and seven males, natives of Australia, of European descent, besides eleven Chinese, one Japanese, and one Kanaka. The arrangements at the Leper Hospital are very complete. Two wardmen attend the male, two nurses the females, and in every way—by comfortable quarters on a charming site overlooking the ocean, cheerful furniture, liberal dietary and allowances of "medical comforts"—the lot of the leper is tempered.

**Treatment of Snakebite by Strychnine.**—In the absence of Dr. Mueller, the author of this method in Australia, a paper on the subject by him was printed (Intercolonial Medical Congress of Austral.). Dr. Huxtable read a paper dealing statistically whith the results obtained in cases so treated. He urged that the results of the treatment of snakebite by strychnine in all the cases of which it had been possible to obtain records to the present time showed that the death-rate among those cases was considerably in excess of that among a lage number of cases treated by other methods. The facts did not warrant the administration of the drug in doses which had been recommended. Nevertheless for cases in which such a quantity of the poison as did not inevitably kill had been absorbed, strychnine judiciously used might cut short or relieve the most urgent symptoms, and in some cases turn the scale of life in favor of the patient. The Congress resolved to request Dr. Martin to carry out a series of investigations relative to strychnine as an antidote to snake poison.

**Bicycle Riding** is said to have proved curative in several cases of persistent sciatica.

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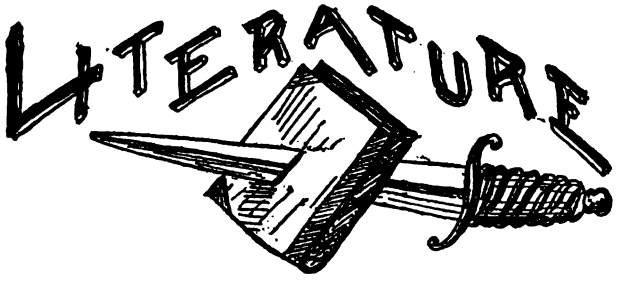


**International Clinics:** A Quarterly of Clinical Lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain, and Canada. Edited by John M. KEATING, M.D., J. P. CROZER GRIFFITH, M.D., J. M. MITCHELL BRUCE, M.D., F.R.C.P., and DAVID W. FINLAY, M.D., F.R.C.P. Vol. IV. Jan., 1892. 8vo., pp. 372. [Philadelphia: J. B. Lippincott Company. 1892.

This volume opens with a short biographical sketch of the late Dr. Charles Theodore Parkes, the well-known surgeon of Chicago. Dr. Etheridge has given us a sketch in which he has presented us with a critical biography of a representative man of the profession who had already made his mark. In the purely clinical part of this volume we have a most excellent lecture by Dr. Thomas Oliver on Various Forms of Purpura in which are considered the condition as affecting not only the skin but the viscera and brain as well. The handsome chromo-lithographs which are employed to illustrate the text are certainly invaluable adjuncts to its elucidation.

Diseases of the kidneys and lungs receive especial prominence in this volume and include a consideration of those affections in children as well as in adults. Bowed Legs, Knock-Knee, and Out-Knee are dealt with in a splendidly illustrated lecture by Dr. De Forrest Willard. He not only takes into consideration osteotomy for the two latter conditions, but enters quite fully into the method of the manual straightening of bowed legs. This lecture alone is one which should prove an incentive to possess the volume.

The Clinical Aspects of Chorea by Dr. Landon Carter Gray is a lecture which deserves close study, dealing as it does in a masterly manner with a disease that is certainly entitled to more than a perfunctory reading. Dr. Gray has invested his lecture with much interest and he has added importance to it which is by no means exaggerated.

The Present aspect of the Leprosy Question is certainly of more than passing interest. It has an added importance from the fact that there exists a possibility, very remote it may be, of the Sandwich Islands becoming an integral portion of this republic. Under such conditions the lepers of these islands would have unrestricted communication with the States and a dissemination of leprosy might be a consequent result. This and similar questions are dealt of by Dr. Arthur Van Harlingen in his lecture bearing the above title. He has very thoroughly considered the question in a manner which will excite the liveliest interest in the medical reader.

The few lectures we have mentioned have been taken at random from a mass of others which are of equal interest and importance, delivered by men eminent in their profession. We are unfortunately unable to take up each one as we would like to do were it not for the unavoidable restrictions imposed by lack of space. We cannot close, however, without once more expressing our admiration of the series so far issued. The second series promises to be equally as good; how it could be better we can hardly conceive. We can heartily commend the entire work to our readers and do not know of a better investment for physicians.

**A Manual of the Practice of Medicine,** Prepared Especially for Students. By A. A. STEVENS, M.D. 12mo., pp. 501. Illustrated. [Philadelphia: W. B. Saunders. 1893. Price, $2.50.

This manual is intended simply as a general guide for the student in his more extended reading and experience at the bedside. It is certainly well condensed and presents the salient facts connected with the various diseases in a very lucid manner, providing that some preliminary work in the nature of observing cases, listening to lectures, and reading has been indulged in. It is no short cut to a complete mastery of the subject with which it deals nor was it the intention of the author to make it such. It is simply a remembrancer to be used as occasion offers and when protracted reading cannot be indulged in.

An examination of this little work shows it to be remarkably complete in its scope. It contains much more than the usual works of its class consider and the whole plan is one which has been systematized upon a rational basis. Symptomatology is particularly dwelt upon and the logical relations of various symptoms to each other are considered in a manner which would reflect credit upon works which pretend to be treatises. This, however, we would naturally expect in view of the fact that the author is an instructor in physical diagnosis and his experience has familiarized him with what constitutes the needs of medical students.

The therapeutical portion of this manual is rather concise and here again the author has shown his good judgment in not dilating too much upon this portion of his subject. By limiting himself to a consideration of those therapeutic measures which are adopted by all teachers and not going beyond he does not clash with the individuality of any teacher's therapeutic methods and thus permits a freedom which would otherwise be impossible should his manual be too therapeutical. Such a judicious display of judgment is certainly an excellent

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trait and one which, in itself alone, will readily commend his work.

The book before us is superior to the perfunctory compends which have, in a great measure, held sway heretofore. It is not intended to be a treatise on the practice of medicine, but it is certainly a good guide to physical diagnosis, and its study will certainly lead to a fuller appreciation of what constitutes a thorough conception of the grouping of symptoms indicative of a morbid process.

We must confess that we have been favorably impressed with the work and we anticipate that it will meet with a warm reception at the hands of those teachers who will take the pains to examine its contents critically. As an adjunct to large works it is capable of doing much good and as an incentive to more thorough and critical observation and examination, as well as to more exactness in description it is certainly to be commended to the favorable consideration of all in need of such a work.

**Placental Lesions due to Maternal Nephritis.**—At a meeting of the Gynecological Society of Amsterdam, A. Mijulieff presented the placentæ from two patients who had suffered from chronic nephritis during pregnancy (*Satellite.*)

Case 1. The patient, aged 34, was in her fifth pregnancy. The first pregnancy had ended in a miscarriage at six months. The second pregnancy was normal. The third and fourth had resulted in miscarriage. During the second pregnancy the patient had albuminuria. During the fifth pregnancy the fetus died in *utero* at the end of the seventh month. The placenta weighed 121 grammes (4 ounces); it measured 9½ centimeters (3 3 4 inches) in length, 9 centimeters (3 5 8 inches) in breadth, and in thickness varied from 0.5 to 1.5 centimeters (3 16 to 5 8 inch). Besides the typical white infarctions there were, at different spots on the placental tissue, extravasations of blood, which doubtless caused the death of the fetus. The fetus was much macerated and weighed only 450 grammes (15 ounces).

Case 2. The disease of the kidneys in this patient dated from the first pregnancy, during which the fetus died in *utero*. The patient was now in her third pregnancy, and the induction of premature labor was refused on religious grounds. She menstruated at the end of December, 1890, and quickened near the end of the following May. No life was felt thereafter. On September 1st she expelled a macerated fetus weighing 335 grammes (11 ounces). The placenta weighed 133 grammes (4½ ounces); it measured 14.5 centimeters (5½ inches) in length, 10 centimeters (4 inches) in breadth, and in thickness varied from 0.5 to 2.0 centimetres (3-16 to 3-4 inch). On the maternal surface it was covered with a layer of fatty tissue several millimetres in thickness. The rest of the placenta was in a condition of cirrhosis, which was probably due to an antecedent ovaritis.

**Dr. Sayre's Work on Orthopedic Surgery** is about to be translated into Japanese by Dr. J. K. Kimura, of Tokyo.

**Le Medecine Moderne** has reduced its size and will, in the future, appear twice a week instead of once, as it formerly did

**Leprosy**, it appears, is spreading in Kurland the latest official census showing a marked increase in the number of cases.

**The University of Dorpat, Russia,** has a very large medical class, the number of medical students aggregating 1019.

**Dr. Joh. Klein,** professor of pathological anatomy in the University of Moscow, celebrated his thirtieth anniversity as a teacher in October last.

**Dr. Asa Willie Pope** died last month at his home in Marshall Texas, of typhoid fever, after an illness of thirty days. He was a very popular physician.

**Dr. S. S. Satchwell,** one of the fathers of the Medical Society of the State of North Carolina, died at his residence at Burgaw, on Monday, November, 7, 1892.

**The Death** of Dr. Francis Upton Johnston, of New Brighton, Staten Island, took place on Sunday, the 20th ult. The deceased was a graduate of the College of Physicians and Surgeons, of the class of 1892.

**The Medical Society of Kiew,** Russaa, has had a big row resulting in the withdrawal of quite a number of its members who forthwith went to work to found a new society, probably more congenial to their tastes.

**McCaskey's Clinical Studies** is the title of a quarterly which has just appeared. It is an octavo of 22 pages made up from the clinical notes of Dr. G. W. McCaskey, of Fort Wayne, Ind., which is the publication place of this purely personal journal.

**The St. Petersburger Medicinische Zeitschrift** would have been the oldest medical journal in Russia had it continued to exist. Last November, one hundred years ago, was the date of its foundation. However, it only lived two months.

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**The First Inebriate Asylum,** in Russia will soon be established as steps to further this end have al ready been taken by the proper authorities in St. Petersburg. Ways and means are at present under consideration and we very soon expect to hear of a fal' in the price of *vodka.*

**A New Hospital** was opened at Hamilton, Victoria, on September 15th. The building now erected forms portions of a design that when completed will contain beds for 120 patients. The present portion contains space for 42 beds. The design is arranged on the pavillion system, in separate blocks connected by a cor ridor.

**We Believe** that the testimonial to be presented to Professor James Moleschott of the Romam University on the celebration of his jubilee on Dec. 16th next will take the form of a bust iu bronze, to be placed among the Patres Conscripti of medical science, whose sculp ured presence still animates the young aspirants to pro fessional honors in the halls of the Sapienza.

**Italian Pediatric Congress.**—A Congress on Children's Diseases was held at Naples on October 20th and the three following days, under the presidency of Professor N. Fede. Among the papers read were the following: Sterilized Milk, by Dr. Solari, of Naples; Scrofulosis ana Tuberculosis, by Dr. T. D. Bonis, of Naples; the Transmissibility of Tuberculosis by Lactation, by Professor Fede; Infective Broncho-Pneumonia of Intestinal Origin in Infants, by Dr. G. Guaita, of Milan, etc.

**Edinburgh Obstetrical Society.**—The following gentlemen have been elected office bearers for the ensuing session: President, Professor A. R. Simpson; Senior Vice-President, Dr. A. H. F. Barbour; Ju nior Vice-President, Dr. A. Ballantyne; Treasurer, Dr. William Craig; Secretaries, Dr. N. T. Brewis, Dr. J. W. Ballantyne; Librarian, Dr. Milne Murry; Members of the Council; Drs. Foulis, Berry Hart, Halliday Croom, Playfair, John Thomson, Duddingston Wilson, E. H. L. Oliphant.

**Typhoid Fever in St. Louis.**—This dread malady is present in an epidemic form in St. Louis, if we are to place any credence in the sanitary reports which are daily made. The disease is accompanied by a singularly low rate of mortality, as well as by an ab sence of abdominal symptoms. Ambulant cases are quite numerous and these are subject to intestinal hemorrhage. That diagnosis is not at fault has been repeatedly showm by post-mortem examinations. Observers seem to be at sea in regard to the cause of the affection. The water is declared not to be the cause, the city chemist having declared it, officially to be in good condition. Whether it be telluric influences, bad sewers, or the comet which has caused this or all combined has not yet been definitely settled.

**In Michigan** they assess a dog $1 for being a dog. In Tennessee they assess a man fifty cents for being a doctor. It costs half a dollar more to be a dog in Michigan than a doctor in Tennessee. Don't be a dog. In St. Louis it costs $3 for being a dog and nothing for being a doctor, so that the dog still keeps ahead, only more so.

**Treatment of Neurosis with Microbic Ferments.**—Dr. Lannois, of Lyons, France, in conjunction with Kohos, has undertaken some experiments in the treatment of chorea and epilepsy by the injection of microbic products. The ferments obtained from staphylococci and streptococci cultures were used. Some amelioration in symptoms was produced, and the experimenters are encouraged to continue.

**Science and Women.**—Professor William James, of Harvard, announces that woman develops early and then ceases to grow mentally. Professor Crichton Browne finds that women's brains are smaller than men's, and their frontal lobes less richly supplied with blood. Professor Lombroso finds that women are less sensitive than men, and, as regards their receptive and perceptive organs, represent an incompletely developed type. Altogether, science is bearing down very hard on the ladies. Yet we do not learn that they are becoming any less the popular. The poet has said metrically that without them the extremes of life would be without solace and its middle without joy. The testimony of the poet will probably continue to be received by the mass of human kind, even if the greatest cranial circumference of the gentler sex never rises above fifty centimeters.

**Keeping Cholera out of Cuba.**—The Cuban health officials have a wholesome dread of cholera, as great perhaps as that of the dwellers about the Great South Bay, and they were determined that the disease should not get at them by way of New York (*Ex.*). In September last a steamer left New York with a clean bill of health for Cuba. When she arrived a week later at Guantanamo the health officer of the port rowed within hailing distance and shouted out to have the passengers and crew mustered up on deck. He counted them and had them sent below, and then came near enough to the ship to get the bill of health. This he sprayed carefully with carbolic acid and then read it to see if it tallied with his count. Then he went away leaving the vessel in quarantine. At the end of four days he ventured aboard, fumigated the boat and sprayed each passenger and member of the crew with carbolic acid. After this he boldly released the ship. From this port the ship went to Santiago. There she was fumigated and the passengers and crew were made to march around a pot of burning sulphur on deck. After leaving Santiago the vessel proceeded to Cienfuegos and there was sprayed again. Then she came back to New York, and Cuba was left with her yellow fever all alone.

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**Eighty-Five Per Cent** of the people who are lame are affected on the left side.

**A Medical Act Declared Unconstitutional.**—The South Dakota medical practice act has been declared unconstitutional on the ground that its title and contents conflict.

**It is Stated** that eight drops of ethereal oil of coriander, thoroughly mixed with a dram of iodoform will effectually prevent the disagreeable odor of this latter drug.

**Glycerine and Lemon Juice** taken at night does much to relieve a distressing cough. It is also useful in dry throats. Full-strength glycerine tends to increase the dryness of the mouth and throat by its absorbing powers and for this reason it should be diluted before being used.

**To Nurse Lepers.**—In spite of the matrimonial ending of the mission of Sister Rose Gertrude, who started to sacrifice her life in nursing lepers, in the Sandwich Islands, after the death of Father Damien from leprosy, a party of young American women from a religious sisterhood are now on their way to fill the vacant mission.

**Animal Tuberculosis.**—Experiments have been made by several local authorities of Boston, with the meat and milk of tuberculous cattle. Meat from tuberculous cattle, apparently healthy themselves, was fed to guinea-pigs and rabbits, using about the same precautions that the butcher would use. Most of the animals became tuberculous, even when the meat was cooked in the ordinary way, but not if the meat was cut into small pieces and thoroughly cooked. Such cooking could not be applied to joints of meat without destroying its flavor. On the other hand, the milk from tuberculous cattle commonly gave negative results.

**A New Medical Journal.**—One of the new journals that promised to commence with the new year is the New York *Therapeutic Review* (quarterly). A discriminative analysis of modern therapeutic, medical, surgical, general and special; new methods, remedies, etc., from the writings of English and foreign authors: also original articles on the therapeutics, prophylactics, and hygiene, edited by Paul Gibier, A. M., M. D., Paris, Director of the New York Pasteur Institute; late Assistant Professor of Pathology at the Paris Museum and Resident Physician of the Hospitals of Paris, etc., with the collaboration of Dujardin-Beaumetz, A. M., M. D.; Ch. A. Doremus, M. D., Ph. D.; Cyrus Edson, M. D.; James D. Kelly, M. D.; R. LePine A. M., M.D.; Frederick Peterson, M. D.; Charles Richet, A. M., M. D. The publication office will be located at the Pasteur Institute, Central Park and West 97th Street. The subscription price is to be $1.00 per annum.

**An Early Sanitarian.**—Cyrus was a wise leader and, it would seem, pretty sound also on health matters. It is reported of him, when crossing the Choaspes, that he had all the water used for drinking purposes first boiled in silver bowls.

**The Growth of Dispensaries** is so great that a good deal of business push is now required to keep up the record of "philanthropic" work and make the annual report read well (*Ex.*). The establishment of free public baths, the adornment of the waiting-rooms, the creation of night classes and Sunday classes, are the measures which are becoming popular. The time may come when every patient will receive a free lunch and a chromo.

**The Old Saw**, as to who shall decide when doctors disagree, has quite as much fitness in its application to lawyers as to us. Judges of the same court decide against each other. Judges in different States have different ideas as to what is good law, and, as we heard a learned lawyer lately, say, judges sometimes forget their own opinions and decide contrary to those they have already delivered. The exchange from which we quote the above is probably unaware of the fact that the saw originally applied to lawyers, theologians, and physicians, all being doctors in their various professions; and that is why the saw speaks of "doctors" and not of "leeches."

**Johns Hopkin's Hospital.**—The annual report of the Johns Hopkin's Hospital presents the following summary:

At the close of the last Hospital year there were under treatment 86 men and 79 women, being a total of 165 persons. During the year there were admitted 1,037 men and 1,074 women, giving a total of 2,276 under treatment. There were discharged 1,019 men and and 1,081 women, leaving under treatment at present 104 men and 72 women, or a total of 176 personz. Of the whole number discharged 1,551 were considered well or improved; 65 were unimproved; 278 were not treated; 51 were transferred, and 145 died.

Of the patients remaining at the close of the present year 105 are men and 72 are women; total 176; 149 are white and 27 are colored. The daily average number under treatment has been 165½; the largest number in any one day has been 197; the smallest number, 133. The total number of days of hospital board and treatment given has been 60,397. Of the new patients 849 have been in the Medical Department; 609 have been in the Surgical Department, and 652 have in the Gynecological Department. The number of operations in the Surgical Department has been480. The number of operations in the Gynecological Department has been 470. Patients treated in the Out-Patint Department or Dispensary, 15,889. Number of visits made has been 52,418.

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**Mr. J. M. Angas,** M. L. C., of South Australia, has promised to provide the funds for the erection of a building in connection with the Childrens' Hospi for the treatment of infective diseases, the cost of which will probably be about £4,000.

**Dr. Charles Henry Degner,** died at his resi- in Sydney, after a long and painful illness, on September 17, aged 73 years; the deceased gentleman was a colonist of 40 years' standing and had practised in various districts in N. S. Wales and Victoria.

**The Medical and Surgical Observer** is in its own worhs, "the only distinctively negro medical journal published in America. The initial number which has reached us is an octavo of 25 pages, edited and published by M. Vandahurst Lynk, M.D., Jackson, Tenn. The price is $2 per annum.

**The Governors of St. Thomas' Hospital** have applied through counsel, to Mr. Justice Kekewich for permission to sell out Consols to enable them to raise £16,000 for the erection of new medical school buildings on the Embankment. His Lordship, while saying he approved of the scheme, required certain formalities to be proved, and adjourned the application for that purpose, saying a building contract might meantime be entered into.

**Kissing the Book.**—Dr. W. B. Gordon Hogg, the newly appointed coroner for the Western Division of Middlesex, at the first inquest held by him, caused the jury to be sworn without the formality of kissing the book, each person raising his right hand while the oath was being administered. A recent alteration in the law permits the oath to be administered in this manner, and it is to be hoped that we shall soon hear the last of the unseemly practice of "kissing the book,', which is certainly not free from danger of conveying infection, and, in any case, is an uncleanly practice.

**German Toys.**—The peripatetic correspondent of the *Hospital Gazette* states that nothing is more amusing than the dexterity with which pushing manufacturers avail themselves of ephemeral scares to "rig the market," but I have never seen a sharper piece of practice than the scare which has been got up in reference to the possibility of German toys bringing cholera in their wake. For many years the English market has been utterly given over to the ugly devices which German factories turn out for the benefit of our not too fastidious youngsters, and the cry of "cholera, beware" is evidently a clever, if somewhat unscrupulous attempt to obtain that protection which the Legislature consistently, however mistakenly, refuses to afford to their British rivals. If any real dauger of cholera infection exists, which is exceedingly doubtful, it is probably less than the risk of scarlet fever, diphtheria, and typhoid in toys of home production. Nevertheless, *le tour est joue.*

**"Rough on Rats"** has at last been placed under the provisions and restrictions of the Poison Act in New South Wales.

**Higher Medical Education in the South.**—We quote from the organ of the negro profession (*Med. and Surg. Obs.*): We are proud to note the high standard of requirement adopted by the different colored medical schools. In addition to a preliminary examination required by all of them, Howard University requires three years' attendance upon lectures; Meharry Medical College, three years; Leonard Medical School, four years; and the Medical Department of the New Orleans University requires three years. This advanced step taken by them cannot help but redound to their good.

**Texas Medical College.**—This institution does not seem to be the great success which it was anticipated to be by those who were most active in its establishment. At least, we would judge so from what appears in Daniel's *Texas Medical Journal* which says:

A magnificent building was constructed, and every department thoroughly equipped for teaching modern medicine. An able faculty was secured, and a high and thorough curriculum was arranged, extending over three years' graded courses. No longer should it be a reproach to Texas that with her princely school fund and her university, where all else is taught, her sons were compelled to go abroad for medical education. After ever so many obstacles overcome, at last the doors of a magnificantly prepared medical college were thrown open and students were invited to come in. They didn't come.

The mistake was made by the Legislature. They—and not the Regents—as should have been the case, fixed the fees and fixed them too high.

When we say fixed them too high, let it be understood that in this State a *diploma* is a *diploma.* There is no discrimination observed whatever, and practically one diploma is as good as another. A man who can go into almost any Southern city, and after three months attendance on lectures, return to Texas and begin practice; or who may be, without intermission, from a three months' course at a winter school (which has cost him, say $50 for tuition), right into a summer school, where, after three months more and another $50 fee, he can se cure a diploma which will entitle him to recognition by the profession and all the rights and privileges of a legal practitioner of medicine in Texas, can hardly be expected, in these days, to sacrifice so much to patriotism as to attend a three years at a home school and pay $140 each year unless, thereby, he could secure a diploma which would give him certain advantages over the cheaper sort; in brief, Texas cannot expect to keep her students at home so long as a diploma from a two yers school and $50 fees is put upon the same footing before the law.

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**Keeley Outdone.**—We have it as a positive fact (N. C. *Med. Jour.*) from a layman who knows, that when a man's tongue is unmanageable from a too free imbibition of the ardent, with a tendency to transform his s's into sh, it may be brought under control in a few minutes by the administration of a half ounce of sweet oil. However, this does not untangle his legs, but as a dram of chloride of ammonia is said to accom plish this, it might be that a combination of the two will prove equal to a shot of Keeley's mixture. Who knows? Try it, doctor.

**The St. Louis Female Hospital** has experienced quite a little breeze recently. It appears that in September last the three assistant physicians resigned, giving their reasons for this action to the Health Com missioner. Last week, however, Mr. Geo. V. Maratta, ex-chief clerk of the Hospital, preferred charges against the Superintendent, Dr. R. M. Kerley, before the Board of Charity Commissioners. This Board, however, has not as yet taken up the matter. Dr. Kerley expresses himself as ready and willing to have an investigation made of his management.

**Dr. S. A. Murray,** of St. Mary's Road, Peckham, recently died under very sad circumstances. A few months ago his wife died, since which, he has been very depressed and taken to stimulants. By some means or other, a well-meaning, but indiscreet Roman Catholic priest heard that he had threatened to commit suicide and thereupon took steps to get the local authorities to place him under restraint. The relieving officer of the district having obtained a magistrate's order to have him examined by two medical men, went to the house of Dr. Murray to execute the order, when the doctor retired to his bedroom where he was found dead a few minutes after, grasping a revolver in his hand. It is supposed that he intended to shoot himself but died from cardiac syncope, produced by excitement, before he could carry out his intention.

**Cholera Doctors and their Families.**—The chances of a recrudescence of cholera in Russia next spring are so great that the Government is enrolling all the senior students who are willing to attend the sick, on fairly remunerative terms, and an intimation has been given to men actually in practice that they may be "required" to obey instructions to leave home on a journey to the afflicted districts. By way of compensation they are promised a good salary, and should they themselves fall victims to the scourge, the Government undertakes to give substantial pensions to their wives and families. Something of the kind ought to be done in this country. It is obviously unfair to expect medical men with families to expose themselves to certain and serious risks in the public service, without any provision for those whom their death would reduce to penury and want. The subject ought to be brought forward before next spring seeing that we ourselves may have a taste of the epidemic.

**Professor Stellwag von Carion** the distinguished ophthalmologist of Vienna, will celebrate his seventy-first birthday on January 28, 1893. His pupils and admirers are making active preparations to make the ceremonies and festivities worthy of the occasion. The Professor has occupied the Chair of Ophthalmalogy in the University of Vienna since 1873.

**Physicians and Parade Lines.**—The Board of Aldermen, of New York, recently passed a resolution that allows the president of the board of police commissioners to grant permits to practicing physicians gfving them the right to cross the line of a parade or procession while on their way to attend patients. Any one that had to go a long distance out of his way to avoid the parade lines during the recent celebrations will appreciate the desirability of this excellent resolution that was introduced by Alderman Rollin M. Morgan; and the adoption of a similar measure in other cities would be heartily appreciated by physicians.

**Poisoning Facilities.**—We do not attach much importance to human life in this country so far as the risk of accident is concerned (*Hosp. Gaz.*) but it is, nevertheless, startling to hear of a lethal quantity of oxalic acid being dispensed by a girl of fourteen. This, however, recently happened in the grimy region of St. Helens, and, as ill-luck would have it, the customer was an intending suicide. The girl was fined five pounds, but as she is probably without any separate estate, the penalty will be nominal. In view of the ever increasing number of deaths due to the accidental or suicidal ingestion of another poisonous acid, carbolic to wit, it is urged that this by no means indispensable substance should be included in the schedule of deadly poisons. Its reputation as a disinfectant being now much below par there can be no objection to putting it out of the reach of girls "in trouble" and other people who take a desponding view of things generally.

**Mr. Walsby** of Warrington, England, had never seen a case of small-pox, and determined to avail himself of the first opportunity to remedy this *lapsus* in his early education (*Ex.*). He waited many years, in fact, till a few days since, when he was one of twelve good men and true who were called together to inquire into a case of death from small-pox alleged to have been expedited by neglect. His brethren were satisfied with a glance at the disfigured remains through the mortuary window. Not so Mr. Walsby. With a courage that would have been better employed in a better cause he procured a key and proceeded to a close and careful inspection of the "subject." Naturally enough when he, Lazarus like, came forth from the tomb, his whilom brethren made a stampede and sought shelter behind the coroner, who, sympathizing with their feelings of dismay, peremptorily ordered the too conscientious juryman out of the place. Some one might have suggested smothering him in a disinfecting apparatus and then holding another inquiry the same afternoon.

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**Dr. Snead,** of Nashville, was killed in Adel, Ga., Oct. 4, by his horse running away.

**Dr. C. M. Scott,** of Fayette, Idaho, has recently been appointed assistant division surgeon for the Ogden division of the Union Pacific. We have every reason to believe he will honor the position

**The Hospital** to the Medical Department of the Japanese Imperial University, will admit forty female students for midwifery and forty for nursery. The candidates must be single, and over 22 years of age.

**A Memorial Tablet** has been placed on a house in Segovia, in which Dr. Eusebio Casteloy Serra, a distinguished Spanish syphilographer, who was at one time President of the Royal Spanish Academy of Medicine, was born. Dr. Castelo was the first editor of the *Siglo Medico.*

**Local Anesthesia.**—Is said by Dobisch to be readily produced, in about one minute, by a spray of menthol, one part; chloroform, ten parts; and ether fifteen parts. The anesthesia continues for from two to six minutes, and may be prolonged indefinitely by the renewal of the spray for a few seconds at a time, as indicated.

**A State Medical Directory.**—Mr. M. N. Patrick, of the *Medical Times* publishing Co., is engaged in preparing a state medical directory of Colorado. It is his aim to make the directory a thoroughly complete and accurate one, and any information or suggestions along this line from the physicians of the State will be thankfully received and utilized.

**The Hot Springs Medical Society** held its annual meeting at night, in the office of Dr. J. C. Minor, for the election of officers for the ensuing year. The following officers were chosen:

President—Dr. J. M. Keller.
Vice-President—Dr. L. H. Barry.
Secretary—Dr. C. Minor.
Treasurer—Dr. H. C. Rogers.

The following resolutions were drafted by committee:

WHEREAS, The Hot Springs Medical Society has always deprecated the nefarious practice of "doctor drumming," which has grown to such hideous proportions in this city as to become a source of annoyance and injury to visitors and citizens, and a foul blot on the fair escutcheon of our city; therefore, be it

*Resolved*, That this society as a society, and as individual members thereof, always has been and is now in full sympathy and hearty accord with any and all *bona fide* efforts to suppress this iniquitous practice.

J. C. MINOR,
JOHN H. GAINES,
WM. H. BARRY,
Committee appointed at regular meeting of Hot Springs Medical Society, October 24, 1892.

**The Arkansas State Law** provides, that any doctor who employes or uses "drummers" shall forfeit his license to practice medicine in the State. A case, testing the constitutionality of the law, is now pending in the Supreme Court of Arkansas. It is set for a hearing next March. The chances are all in favor of the law being sustained.

**A Man** whose arm had been crushed in a railway accident, in England, was admitted to a hospital, where he died during the administration of chloroform. The inquest jury acquitted the hospital authorities of any responsibility for his untimely end, but at the same time, added the rider, that the railway company was also innocent of the chloroform death.

**Migratory.**—The *Southern (?) Journal of Homeopathy,* late of New Orleans, late of San Antonio, late of Austin, Texas, is now published at Baltimore (*Tex. Med. Jour.*). It seems it can't stay lit, but like Dr. Willis King's branch water man, is always looking up "a good place to move to." Fisher started it in Austin, moved it to San Antonio, thence the publishers moved it to New Orleans; and now, to accommodate the new editor, it has been moved to Baltimore. So, the "So-Journ" does not *so journ* long in any one place. It is about time to drop the "Southern," and call it the "migratory" or "peripatetic or "itinerant" journal of homeopathy.

**Purging Hot Springs.**—According to the Hot Springs *Medical Journal* the doctors who recently met, and who have indulged in employing drummers heretofore, have published their names over a pledge to sin no more. (A list of the doctors is preserved.) The principal hotel proprietors in support of the general recognition of this evil by the citizens and friends of Hot Springs, have met and placed their names under the following pledge:

We, the undersigned proprietors or managers of our respective hotels, do hereby solemnly pledge ourselves, each to the other, to neither hire, contract or in any manner employ solicitors or drummers for our business, or in any way to countenance the services of said solicitors or drummers. Nor will we, either by allowance, or commission, or board, or any subterfuge weatever, strive to gain outside influence of apparently disinterested parties.

This contract is a moral obligation on our part to conduct our business on a fair and square business bases, and is for the protection of our patrons as well as ourselves.

The names subscribed hereto are: S. H. Stitt, of the New Arlington; Ed. Hogaboom, of the Park; L. D. Cain, of the Waverly; J. W. Maffitt, of the Hay House; Robt. Nolen, of the Josephine; Thos. Monahan, of the Great Northern; T. V. Williams, of the United States; W. C. Kops, of the Pullman; A. R. Smith, of the Avenue. Other prominent hotels will follow.

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**Dr. Y. Saneyoshi,** Surgeon general of the Japanese Imperial Navy, has been promoted to Sho go-i.

**A New Street Danger.**—The improvement in the paving of New York streets has given a great impetus to bicycling in that city, and has at the same time added to the dangers which pedestrians have to face in crossing the streets at night, says the *Medical Record.* People are knocked down by the silent wheel daily, and recently a noted violinist was thrown down and barely escaped a fracture of her arm. We have no wish to repress bicycling, but it should be regulated in some way and made less of a menance to life and limb.

**Vis Medicatrix Naturæ.**—The *Hospital Gazette* has picked up the following legend somewhere, and publishes it without comment: "It is stated that a miser, named Elwes, when both his feet were equally injured by an accident, consulted a surgeon, who began to expiate on the severe character of the wound and on the good fortune of his having been sent for. On this Mr. Elwes said, "Now, Mr. Sawbones, I have one thing to say to you. I do not consider myself much hurt, whereas you think I am, so. I will make this agreement. I will take one leg and you shall have the other; you shall do what you please with yours, and I will do nothing to mine, and I will wager you the amount of your bill that my leg gets well first." Elwes delighted in telling this story, and used to assert with triumphant glee that he "beat the apothecary by a fortnight."

**The Coffee Jag** —Fannie B. Ward writes as follows from Rio Janeiro: I have often heard it remarked that there is no drunkenness in Brazil, but the statement is untrue—not, perhaps, so far as alcoholic drinks are concerned, but the whole country is perpetually in a state of semi-intoxication on coffee—men, women and children alike, and to babies in arms it is fed from a spoon. It is a common saying among Brazilians that coffee to be good must be as "black as night, bitter as death and hot as hell," and at all hours of the day and night, in season and out, everybody literally guzzles it —made according to the proverb. The effect is plainly apparent in trembling hands, twitching eyelids, mummy hued skin and a chronic state of nervous excitability worse than that produced by whisky. Are you overheated in the noonday sun or chilled by the dews of the evening, are you wearied or "blue," or suffering from bodily pain or homesickness, coffee is the Brazilian's unfailing panacea, as the Chinese turns to his opium and the toper to his toddy. It is brought to your bedside the instant you are awake in the morning and just before you are expected to drop off in sleep at night, at meals and between meals, and whenever a caller comes in—always black as night, bitter as death, and as hot as sheol. Connected with each of the theaters is a garden or cafe, to which the people repair between every act to partake of ices, confectionery, wines and coffee of course.

**For Warty Vegetations of the External Genital Organs.**—The *Bulletin Gen. de Therapeutique* recommends the following formula for warty vegetations of the external genital organs:

℞ Salicylic acid, - - - - gr.ij.
Acetic acid, - - - - - ʒss.
M.
Sig. External use.

Apply to the vegetations once or twice in twenty-four hours by means of a small brush, two or three applications being sufficient. The pain is slight and transient, which is an advantage.

**Constipation.**—The following appears in a cotemporary:

℞ Ext. cascaræ sagradæ,
Glycerinæ, - - - aa ʒj ♏xx.
Aquæ, - - - - q. s. ad ʒij.
M.
Sig. ʒj at bedtime to a young infant.

When the stools are hard and clay-colored, the following has been recommended by Ringer:

℞ Resinæ podophylli, - - - gr.j.
Alcoholis, - - - - - ʒj.
M.
Sig. One or two drops on sugar t. i. d. to infant one or two months old.

**Chronic Rheumatism.**—The following appear in the *Medical Bnlletin*:

℞ Tinct. guaiaci eth., - - - ʒj.
Tinct. cannabis Indicæ eth., - ʒvj.
Tinct. colchici eth., - - - ʒij.
M.
Sig. Twenty five to thirty drops on sugar, every four hours —Atlee.

℞ Linimenti aconiti (B. P.),
Linimenti belladonnæ, - - aa ʒij.
Glycerinæ, - - - - ad ʒij.
M. Ft. linimentum.
Sig. Apply locally over the seat of pain.—Fothergill.

℞ Potassii iodidi, - - - ʒj-ij.
Aquæ cinnamomi, - - - ʒij.
M.
Sig. Tablespoonful, thrice a day.—Hartshorn.

℞ Liq potassii arsenitis,
Potassii iodidi, - - - aa ʒij.
Syrupi simplicis, - - - ʒij.
M.
Sig. A teaspoonful, after meals.—Da Costa.

℞ Olei monardæ, - - - - ʒss.
Tincturæ opii, - - - - - ʒij.
Tincturæ camphoræ, - - - ʒij.
Fiat linimentum —W. Atlee.

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"**Doctor** what is a good cholera mixture for this time of the year?" "Well, ice cream, watermelon, and lager beer, will do very well."

**He Knew.**—Mrs. Swiggles (at the opera)—"Oh, isn't that a lovely violia?"

Swiggles (also at the opera),—"Yes, that's a Strabismus."

**Victim** of a railway accident—"Doctor, do you think I can recover?"

Doctor—"Certainly."

Victim (eagerly)—"How much?"

**At the Photographers.**—"The first remark a woman, as a rule, makes when she enters the studio of a popular photographer is: 'Oh, dear, I would just as soon go to the dentist's as have my picture taken!'"

**Proud Father.**—We've had twins in our family on two occasions. You can't beat that sir! Little Man (who hadn't spoken before): Well, I don't know about that. My wife presented me the other day with triplets and three of a kind beat two pair, don't they?

**The Grinders.**—"I knew when he came into the caucus that he had an axe to grind; but he didn't manage it."

"What did he do then?"

"He ground his teeth."

**A Certain Enamored Swain** of this city wears a ring containing what appears to be a pearl, but, on closer examination, resolves itself into a small, white tooth, which he proudly explains was lost by the young lady to whom he is engaged at the tender age of five years.

**Plaintiff's Attorney.**—I've an expert who will swear he is insane.

Defendant's Attorney.—I have an expert who will swear he is of sound mind.

Plaintiff's Attorney—Then let's pair off on experts and save that much money.

**Tricks in all Trades.**—Customer—I would like you to repair this watch. Now, I don't want you to tell me the whole mechanism is out of order and it will take two weeks to repair it, and cost half what the watch is worth. You can't fool me! I know a trick or two.

Watchmaker (meekly)—H'm! You are a watchmaker I presume?

Customer—No; a doctor.

**Pof. Nicholas Senn,** of the Chicago St. Paul & Kansas City Railroad has been invited to deliver an address in Boston Feb. 1. It is needless for us to add that the address will not only be practical but scientific and scholarly.

**The Relief Department** of the Baltimore & Ohio railroad is doing an excellent work for the employes. It has an active membership of 22,930, and besides providing relief in case of sickness or other disability, it carries on a savings department, which encourages the habit of economy and thrift and enables members to borrow money to provide themselves with homes.

**Mr. M. E. Ingalls,** president of the C. & O. and the C. C. C. & St. L., is of the opinion that the railway companies should own their own hospitals, instead of the hospital department, and lease them at a low rate (say 6 per cent per annum) to the hospital department and thus avoid any trouble or litigation in reference to the right of property. This is certainly a wise decision.

**The Railways** doing business in New York during the last fiscal year paid $1,243,203 as damages for personal injuries and deaths. One company alone expended $350,835 and another paid $343,008 for such purposes. Railways do not kill and injure people in mere wantonness, as some profess to think, nor do they often escape the full measure of pecuniary responsibility that juries can fix.

**The Railway** from Joppa to Jerusalem was publicly opened November 29, and if the passenger department improves its splendid opportunities for advertising the line will obtain a great tourist business. It can certainly be declared with truth to be the shortest, quickest, cheapest and most comfortable route from the Mediterranean to the Holy City and in general to be superior to all competing lines, whether of horses, donkeys or pedestrians.

**A Pertinent Question.**—The *Railway Age* says: We have not yet heard that the hotel proprietors, restaurant keepers or merchants of Chicago have called any meetings with a view to deciding on a scale of reduced rates during the World's Fair. All are fired with enthusiam at the idea that the railways should combine to make the fair "the greatest thing of the century;" but why should they not do some combining too? The fair will be the "greatest thing of the century" under any circumstances. But if the idea is to make a visit to Chicago during fair time as cheap as possible, why should the railways only co-operate in this?

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# MEDICAL REVIEW.

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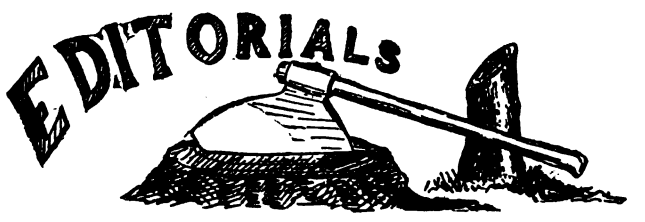


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Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

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## Medical Fakirs.

The term fakir is one of common daily occurrence on the street and in newspaper offices. It is a word of wide application and much used, its proper significance depending much upon the environments of the individual to whom it is applied although it has a general meaning embraced by all the other definitions which are, after all, but particularizations. A fakir, in its generally accepted meaning, signifies an individual who is desirous of creating a certain favorable impression and who employs means which are dependent more on imagination than fact, deception more or less marked, being a necessary adjunct to the attainment of this end. The East Indian fakir has undoubtedly furnished the idea for the ordinary term. The Oriental individual is regarded as a very holy personage, this supposition being arrived at most probably because he never washes, never works, and maintains some ridiculous attitude for indefinite periods of time. Unlike the ordinary fakir of civilization he is wise enough to keep his mouth shut and thus acquires the reputation of the possession of knowledge far beyond that possessed by ordinary mortals. As an humble disciple of Buddha he receives honors which he despises; like all Orientals the inclemencies of a mild climate have no terrors for him; and by self-hypnotisation, he manages to induce catalepsy and remain rigid in an uncomfortable posture, all of which are regarded by the people at large as indubitable evidence pointing to the fact that he is a sacred personage, specially protected by a higher power, as well as endowed with superhuman qualities.

Our fakirs differ somewhat in details, perhaps on account of tho differences existing in climate, race, and mental susceptibilities. They must be talkative in order to attract attention, and they must appeal to those traits of human nature which are calculated to excite curioslty, confidence, and credulity. The ordinary street fakir whom we see emerge from his unknown lair when the shades of evening fall, has a brazen voice whose powers of penetration are great if the pitch is not musical. His business is to sell something of questionable value at a comparatively high price. A few cheap tricks attract a crowd of individuals whose grade of intelligence is appalling for its smallness. Having secured an audience we are treated to the speech; and, if it be not a "feast of reason and a flow of soul," it is delivered with an earnestness, it is enveloped with transparent sophisms, as to prove of the most convincing to an ignorant and uneducated mind. A confederate starts the ball rolling by making a purchase and quick and profitable sales follow as a matter of course. Our fakir may be up in his business and have a brass band or even a complete theatrical show to attract attention but the method is the same in its essentials. What must exist, and no fakir is successful without it, is novelty. Whatever he desires to sell must apparently be something new whether it be brass jewelry made from a "new" metal recently discovered at the South Pole and not distinguishable from gold, or a duplex convertible lamp chimney cleaner. It must have an air of novelty to attract attention, and the would-be purchaser must feel convinced that he is obtaining more than his money's worth or he will not buy.

Next in line is the fakir who may be a "Wizard King," or an "Indian Doctor," who is always attended by a more less fantastic retinue and who is assisted by some one, as befits his rank and station. With long hair, and long coat, profusely decorated with diamonds

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of more or less doubtful authenticity, he adds thereto in the way of embellishments various sundry and diverse badges, medals, and decorations conferred upon him by the crowned heads of unknown countries. His business is to relieve suffering humanity by means of secret mixtures obtained from confiding natives of far off lands, which are purely vegetable (the mixtures) and warranted to cure every ill that flesh is heir to. A well turned speech, and a little instruction in popular medicine do the rest or sometimes lead to arrest, just as the local authorities seem to feel at the time that this benefactor of his race holds forth. Sometimes the amount of license he pays determines the matter in a more practical manner. However this may be he is an institution and a shining example of the assertive fakir who hesitates not to proclaim the virtues of his nostrum on the public square. He is the connecting link, or stepping stone from the ordinary street fakir to the medical representatives of his ilk. Whilst he is blatant and loud mouthed the other is quiet himself and permits his shouting to be done by proxy.

An example of the medical fakir is not difficult to describe, but we must make a distinction between the two varieties which seem to exist. We have the one who confessedly is not a physician but who has certain means or methods aided by secret remedies whereby he is enabled to perform wonderful cures. Then again we have the one with presumably a good medical training who becomes a fakir for the purpose of gain. In the first place may be found many varieties, and each one seems to "fill a long-felt want." We have, for instance, the Christian Science healers who have a great following and who seem to derive enormous profits from the exercise of their trade. They simply delude their victims to death in the majority of instances, but they are always careful to see to it that the lucre is forthcoming. Whether they have faith or not; whether they be self-deluded by their "science" or not, one thing they never forget—to obtain possession of the money. Another variety is represented by the so-called clairvoyant healers who go into trances and, if the proper fee has been given in advance, they prescribe infallible cures, or give charms, amulets, or fetiches to their gullible patrons. Another class which frequently obtains patronage of the better kind are the "magnetic" healers. They are full of magnetism and impart it to their patients, thus filling the latter with the vitalizing and vivifying fluid which they can so easily spare. They also have the happy faculty of being able to locate disease and "draw it out" by means of their magnetic power a process which is no doubt less painful to the sufferer than if a corkscrew were employed for the same purpose. Of course, the magnetism is always felt and the magnetizer becomes exhausted—always in proportion to the fee he receives. The pretended masseurs form another class belonging to this category of medical fakirs and as massage is a form of treatment recognized by the regular profession as a very valuable mode in certain forms of diseases and deformities, they take advantage of this recognition to push forward their claims. Those who know not better are easily "taken in," and become good subjects for the "masseur" to practice his arts upon and make his ventures profitable ones.

We might continue the catalogue and not arrive at the end for some time. But we desire to say a few words concerning the class of educated medical fakirs. This draws its members from physicians who have been trained in their profession and who may or may not be regular. The entire matter is one which consists in the systematic deception of patients for the sake of gain. The *modus operandi* is a very simple one and it is proportionately effective. To give a familiar example: The physician is called in to see a child with a sore throat, which is probably nothing but a case of tonsillitis. The learned Æsculapius examines that throat with much ceremony; his brows become corrugated and he makes another searching inspection. He asks many questions and finally concludes by making the awful announcement that the child has diphtheria of a severe type. He reassures the family, however, by dilating upon the remarkable success he has had in the cure of such cases. The seriousness of the case, of course, requires him to make three or four calls daily and when a cure has been affected a bill has been run up which is fairly staggering. Yet, the local Board of Herlth has received no notice of this case! Another instance in point: A young man with a lesion upon his foreskin, not luetic in character and plainly so, applies to a physician for treatment. The latter pronounces it syphilis, draws a horrible picture of the future and finally persuades his client to undergo a course of systemic treatment. By this means quite a neat little sum of money may be extorted from the thoroughly frightened innocent and a rapid cure effected much to the greater glory of the medical man and to the confusion of his more conscientious co-laborers in the same field.

Some might call this dishonest but it is faking in the same light as the highly-wrought and improbable narratives of newspaper writers are. That the conduct is reprehensible certainly does not admit of a doubt; that it can be corrected, however, we do doubt. When a clean, smooth spoken physician of irreproachable reputation examines a female patient, who has implicit faith in him, and tells her that an operation on her womb must be performed and that it will not be painful, she will, without doubt, make arrangements to have it done. And when he scratches the cervix and shows a little blood, and concludes by inserting a tampon, who is any the wiser? The innate sense of justice and honesty in each one is the only remedy and until this becomes universal medical fakirs will continue to exist.

## Typhoid Fever in St. Louis.

The prevalence of typhoid fever in St. Louis has assumed a severe aspect if we are to judge from the incomplete reports which are furnished from the office of the Board of Health. Another fact which points to the

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same condition is that physicians are unusually busy, but they do not apparently deem it expedient to report their cases as they should. They were encouraged in this by the strangely low mortality which is observed in connection with the cases treated. In fact, there are many who have grave doubts as to its being typhoid fever and they are lead to this by the observation that the fever observed is unusually high and the abdominal symptoms are not marked, such as is usually noted in classical examples of the disease. Another factor which has greatly tended to encourage this doubt is the absence of the characteristic petechiæ or other eruptions which are peculiar to typhoid fever. On the other hand, those cases which have resulted fatally, and in which post-mortem examinations have been made, have revealed the characteristic changes in Peyer's glands and this alone is sufficient evidence to establish the character of the malady. Another condition which seems to be present in greater proportion than usually observed is that of hemorrhage from the bowels. So far as we have been able to determine, this complication occurs most often in ambulant cases, of which there seems to exist an unusual number of instances.

The "typhoid" condition does not appear to be marked. In fact, the trouble has seemed to have taken on a sthenic type and the mortality from the disease is an extremely low one. This has also served to shake the belief of practitioners as to the real nature of the trouble.

So far as its limitation to St. Louis is concerned, we have nothing to justify the assumption. In various localities it prevails to an alarming degree. In Massachusetts as well as in New Mexico there are numbers of marked cases; and the student of sanitary reports will find that in this country typhoid fever exists in a much more marked degree than it has for some years past. The prevalence is such that a common belief has sprung up that it is merely a forerunner of Asiatic Cholera next year. Of course, such is not the case but the cause of the present prevalence is certainly mysterious.

Thus, we do not seem to be able to find any adequate reason for the existence of typhoid fever in St. Louis. The water has been examined, premises inspected, and no particular condition discovered which would account for it. We have had no drouth which is given as a reason in New Mexico, and an abundance of rain should certainly have caused it in East St. Louis which was submerged for months. Yet our Eastern neighbors have only had a few sporadic cases claimed to have been contracted in St. Louis. Investigations are being continuously pursued to locate the cause of the trouble but they do not seem to bear any adequate fruit. We are still in the dark and can only cope with the malady which is facing us.

So far as therapeutics is concerned little need be said. Tonic measures seem to act best, in conjunction with those approved methods which have always given the best results. Physicians are flooded with samples of preparations of every imaginable variety each one of which, of course, is particularly indicated in typhoid fever although this was not known heretofore. Still, many are no doubt of value and will prove of great help to physicians who can determine their value by looking at their composition.

**Cheek** is what it is known as in America. This cant word expresses the thing in a manner which is intelligible to all Americans. But the article is by no means limited to them. As the *Medical Times and Register* says, the effrontery with which the English journals foist their disreputable brothers upon America is quite amusing. Neill, or Cream, the "American" poisoner, happened to be born in Glasgow. Two Belfast rascals assumed the title of the "The Faculty of American Physicians and Surgeons," and started to do up their countrymen. While they were speedily exposed, and every one is aware that they never saw America, the English journals still keep harping on them as "the American doctors."

**Professional Homes** are a real necessity according to the *Medical Age*, which says: The members of the medical profession in every city of a hundred thousand people should have their own home. They may be only able to rent a humble dwelling for such a purpose, but by all means rent until able to own, and there have a library, a reading and common sitting-room, a dining-room and a kitchen. A fraternal spirit and union of hearts will there be knit together. Professional homes are promoters of peace and good-will, and from them is sure to spring the benevolent sentiment that encourages the strong to care for and not step aside to crush out the life of the weak and perhaps unfortunate. In the cultivation of this spirit and sentiment strong men are made stronger and their lives more lovable. Their angular points are smoothed down until they are so polished as to on all occasions reflect the nobleness of soul that is within them, while the weak but deserving are held up and encouraged in practical ways.

**Special vs. General Practice in Medicine** was the title of the paper by Dr. W. J. Killen read before the Tri State Medical Society of Alabama, Georgia, and Tennesee (Va. *Med. Mo.*). The special idea of the paper is to impress upon the general practitioners the important fact that specialists are not rivals but their best assistants; and that the general practitioners should inquire into the merits and educational advantages of a specialist aspirant, and accordingly encourage or discourage him. They should frown down the travelling and advertising quacks, who by their dishonest humbugging methods make the people suspicious, and bring discredit on the honest profession. "Whatever we do should be done well," should be the motto. The general practitioner is indispensable; but life is too short for any man to become proficient in all branches of medicine; so the specialist should be favored for his greater knowledge

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of the one subject. The young medical man, who aspires to be a successful specialist, should first practice general medicine a number of years, so as to become clinically conversant with the connections between general medicine and the special branch. Then by a course as interne of a hospital, devoted exclusively to that department he may choose as a specialty, he may be characterized as *competent.* As with carpenters who build a house, each one knowing his own work best, though he has a good general knowledge of the whole structure, so should we, by special research and practice, reach as near the ideal in some branch as possible.

**Clinical Instruction** is certainly desirable but the extent to which it should be afforded to students presents some room for discussion. Dr. N. S. Davis expresses himself as follows (*Jour. Am. Med. Ass.*): For example, the first year of clinical instruction, which would correspond with the second year of medical study, should aim to make the student personally familiar with the physiogonomy and symptomatology of diseases, and with the use of all instruments and appliances for accuracy of examination and diagnosis, both medical and surgical. The second clinical year should be chiefly occupied in the study of the actual pathological processes taking place in the different forms of disease and their relation to the symptoms, including personal examinations, chemical and microscopic, of the secretions and excretions in the several stages of progress of disease, as well as the tissue changes to be found after death. With these studies, the objects to be accomplished for counteracting the morbid processes, correcting the secretions, and preventing permanent or fatal tissue changes, should be clearly indicated. Having thus become clinically familiar with the symptoms, diagnosis and pathology of diseases and the indications desirable to fulfill in their management, the third clinical year should be devoted directly to the study of methods and means of treatment, preventive, hygienic, therapeutic and surgical.

The advantages to be gained by such grading of clinical studies as I have just indicated must be obvious to both the student and the clinical teacher: 1. By giving to each year of clinical study, limited and definite objects, the accomplishment of which makes his next year's work easier and more thorough, you not only make the student's practical knowledge more systematic and comprehensive, but you add much to his mental discipline and accuracy of observation. 2. Such a system necessarily limits the number of students in any clinical class, and in the same ratio increases the opportunities and value of individual training, which is the most essential feature of all true clinical study. The dispensaries and hospitals of our larger cities in which the medical schools are chiefly located, contain an abundance of clinical material, that needs only judicious arrangement and faithful attention to secure both the most complete clinical instruction and the most skillful service for the sick. But as the subject is to be before you for further discussion, I will not occupy your time with details at present. The principle or system of grading the clinical instruction of students during their consecutive courses of medical college attendance, will be found no less important and advantageous than is the proper grading of the various branches of medicine contained in the college curriculum:

**Diseases That are Overlooked** are by no means rare. As the *Medical News* observes, from the fact that, immediately after the appearance of a powerful paper upon any disease, the journals fairly teem with reports of cases of the malady thus brought prominently into notice, it seems reasonable to suppose that, except in the case of formerly undescribed affections, the medical mind needs some form of stimulation lest it unconsciously allow the more unusual forms of disease to sink into partial oblivion. This calling back to life of the interest felt in various conditions has been most powerfully exemplified in recent years by the prominence given in society meetings and in current medical literature to perforation of the vermiform apnendix and to extra uterine pregnancy. That this free discussion of these two subjects has been of much value is proved not only by our advance in knowledge of their etiology, symptomatology, morbid anatomy, and treatment, but also (and not the less to our advantage) by the fact, which probably everyone must confess to be true in his own case, that these diseases are now more readily suggested to us by the relation of any of their significant symptoms than was the case at one time in the past. How long it may be before the present interest in the two affections cited may endure cannot be foreseen, but it is probable that ere a long period has elapsed they will again be often overlooked, until some future authority again drags them forth into prominence.

The good that is accomplished by this prominence given to individual diseases cannot be overvalued, and doubtless many lives have been saved by the almost constant presence in our minds of the frequency of the two affections mentioned. It is unfortunate that such fillips to our memory should be necessary, but it is by just such enthusiastic consideration of different diseases that many of our most marked advances are made. is readily conceivable that, after the first accounts of various diseases that to us now seem as though always a part of medical knowledge, numerous cases similar to the one the report of which aroused men's minds were looked for and, because looked for, found.

**What Doctors Cannot Do** would probably fill a large volume. Evidently Nothnagel is a skeptic in therapeutics. According to the *Popular Science News*, he recently delivered himself of the following:

"The various diseases of the blood, ailments that pass through different phases and stages, the innumerable host of diseases of the nervous system 'to this time have furnished no more opportunities for a real cure than the soil of Alaska for the successful cultivation of the date

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palm.' Infectious diseases must run their course and all the doctor can do is to support the patient meanwhile by nourishment and hygienic measures. 'Whichever way one turns he will strike limits. Diseased conditions may be arrested in their initiatory stages sometimes, but after they have culminated, never. The pathological conditions which cause calculus may be arrested sometimes, but after the calculus is formed nothing but the surgeon's knife can take it away. No doctor can cure malaria while the patient remains in malarial districts. Alcohol, morphine and bromide relieve temporarily the pain in certain diseases, but never stop the disease itself. To sum up: Disease must heal itself. The painful symptoms of the sufferer are nature's efforts to right the system and put it to working correctly. The doctor can only endeavor to sustain the patient while nature does this work by dietetical, hygienic and climatic influences, and by the removal of excitants.'"

Poor man! That is what becomes of the faith of those who think nobody knows anything but themselves says the Chicago *Medical Times*. In America the knowledge of therapeutics has developed 100 years ahead of Noth nagel. He knows much about other things, but does not know that the world outside of his narrow range is learning things "not dreamed of in his philosophy."

**Collecting Bills** is a most difficult task for physicians, as all will concede. The *National Medical Review* says: Hard to Collect Bills. Did you ever hear this sentence before? "Hard to collect bills," is it? There is a scarcity of money, is there? Your patients tell you they would like to pay their bills, but cannot get hold of the money, do they? Let us acquaint you with a little item. We learn from a reliable source that a well known mountebank sent to his distant home from this city (Washington, D. C.) over seventy-five thousand dollars in solid cash, for his last year's work among us, and his year was only about nine months long, too. How is that? Any wonder it is hard to collect bills? And this money comes largely from a class of persons who can illy afford to part with it. But after it has been thus expended there is little left to pay the family doctor. "He can wait." It occurs to the *National Medical Review* that we have waited about long enough. Let us try again for a medical bill which will shut out all thieves and robbers. Let us take hold of this bill, and, with a strong pull, a long pull, and a pull altogether, see if we cannot pull it through Congress, then up the Avenue to the White House and out again to the statute books of the District.

**Homeopathy** has an uncompromising champion in Chicago, and there is a great deal of truth in what it says. We quote from our contemporary: The *Medical Era* has never permitted itself to be misled by the specious claim that "the two schools are rapidly coming together." We do not believe it, and never have done so. The "regulars" love us no more than they ever did. It would gratify them beyond expression if we could be wiped off the face of the earth. It is certain that we are not approaching each other in brotherly love. It is equally true that we are not approaching each other in the matter of the treatment of disease. Let any physician in Chicago visit the lecture-room of the lecturer on *materia medica* and on *practice* in the Chicago Homeopathic Medical College, and then listen to the corresponding lecturers in the Rush Medical College. Let him do the same at the Hahnemann Medical College and the Chicago Medical College, and then bear testimony to the correctness of our claim. The two schools are nearly as far apart as they ever were. They will not be *together* in the next fifty years, unless the process is brought about by the annihilation of the homeopathic school. The "old school" will be the "old school" still. And they will be just as ready to change their politics in a night, and to carry knives up their sleeves for the benefit of the man who might appoint the only remaining homeopath on earth to be Surgeon General of the State of Illinois.

Of the truth of what we have stated, all homeopaths may be well assured. It remains for us to work out our own destiny. Whatever we get, we must fight for. Those officials who appoint homeopaths to public office, must look out! There is a "bhoy" around, with a knife up his sleeve, and, by Hippocrates! he'll use it. From high places the homeopath must come down, and at Cook County Hospital he must eat at a separate table.

To which we desire to add, "'twas ever thus from childhood's hour," etc.

**Reprints** are not as fully appreciated by their recipients as they should be. Pamphlet medical literature is of the most valuable kind, and as the *College and Clinical Record* says, the amount of labor and research involved is scarcely ever appreciated by the profession at large. A single paper is often the result of months of severe mental exercise and intense application, in the preparation for a place in the columns of some medical serial, in which, but for its second birth in reprint form, it might sometimes be buried beyond resurrection. By the time it is accepted by the critical editor and it reaches the public eye as part of the contents of a medical journal, it is presumed to be in such shape as to command respect and recognition for originality and merit. Such papers are generally practical, and few of them are characterized by what might be somewhat forcibly, even if not altogether elegantly, regarded as exhibitions of constipation of ideas or diarrhea of words.

**National Quarantine** is considered a necessity by many of our leading sanitarians. In his address before the Tri State Medical Society, Dr. Joseph Holt, of New Orleans, made a powerful argument in favor of a national quarantine (*Times and Register*). The exposition is so clear that one is tempted to ask why it should be deemed necessary to make it, and who there is who can doubt the wisdom of extending the national shield

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to protect the country from this most dangerous invader. A much needed warning against the present supineness is given by Dr. Holt in the following words: "Our wisest medical observers, guided by historic experience, have proclaimed a timely warning, in this lull of peace to prepare for war when next summer's heats shall quicken into malignant activity the dormant forces of Asiatic cholera, now wintering in a thousand foci in the slums of Europe and in holds of filthy ships, to be set free upon the highways of traffic when the conditions of epidemic spread shall favor the invading march of its deadly battalions. The allied forces of yellow fever, whose history of conquest needs but to be mentioned to make us tremble, are at this moment hovering along the nearest tropical approaches of the line from San Diego to Baltimore, with destructive menace."

**Fashion** has even invaded the sacred precincts of therapeutics and as the *Southern Journal of Homeopathy* says, the custom of prescribing drugs because they are fashionable can not be too severely condemned. But physicians are sometimes forced to give drugs in an apparently routine manner, from the fact that a certain limited number of drugs sometimes really seem to be suited to the conditions appearing during some seasons. In consequence, these drugs have earned the name "genius" of the particular class of diseases then regnant. Here then we have forced upon us a fashion for which we are not responsible, but to which we must conform if we wish to cure our patients.

Again, certain drugs will act better than others in certain sections of country, and after a long period of years some drugs seem to exhaust their powers for good in certain localities; the people who formerly responded to their influence no longer do so. It therefore appears that even in the matter of the forces of nature fashion exercises sway.

This, however, is very different from what is known as fashionable prescribing, and the physician who follows the fashions set by natural laws holds a very different relation to the moral code from the man who caters to popular prejudice even in the character of his prescriptions. One is a reputable physician, the other is a quack.

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**Dermatol in Diarrhea.**—Colosanti and Dutto have tried (*Rif. Med.*) the effect of dermatol given internally in a large number of cases of diarrhea, in phthisis, typhoid, ulcerative colitis etc., administering it either in wafers, suspended in gummy emulsions, or occasionally combined with powdered opium. The daily dose was from 2--6 grammes (ʒss-ʒjss) according to the severity of the case. The effect was satisfactory and no toxic symptoms were observed. The urine was normal but the feces were in nearly every case intensely black, owing to the formation of sulphate of bismuth.

**Quinine as a Parturifacient.**—To strengthen uterine pains there is nothing comparable to the quinine sulphate in ten or fifteen grain doses which is always accessible and easily administered (*Med. and Surg. Rep.*). In suitably chosen cases it never disappoints. Its characteristic effects may be observed an hour after administration, pain recurring more frequently and with progressively increasing power; fretfulness and despondency yielding to confidence and earnestness of effort on the part of the woman. Where the labor was complicated by placenta previa, dilatation of cervix was promptly achieved by a dose of quinine, permitting entrance of hand, and thus promoting speedy delivery. In other cases, after controlling convulsions occurring before term, where prior to eight months there is apt to be a lack of energy, quinine has taken the place of forceps, terminating labor without accident. In short, whenever in the second stage of labor the natural effort seems inefficient, pains weak and frequent, or moderate and infrequent, give without delay ten or fifteen grains of the salt, and nineteen times in twenty labor will be speedily brought to a close. In a practice of twenty years I have not had occasion to give a single dose of ergot before the expulsion of the after-birth, though for many years it has been my habit to administer a half drachm or a drachm afterward.

**Treatment of Fractures of the Leg.**—At a meeting of the Society of the Charite Doctors, Berlin, Dr. Korsch of the 12th Grenadiers, assistant in Professor Bardeleben's ward in the Charite, delivered a lecture on the treatment of fractures of the legs by so called ambulatory bandages. The method is not new. It was invented by a trussmaker at Goggingen named Hessing, who furnishes patients in whom a false joint has formed at the place of fracture with an apparatus which enables them to walk about without inconvenience. The making of this apparatus, however, demands a several weeks' stay at Goggingen, and it is so dear that only rich people can buy it. Dr. Korsch has now proved that one can enable patients with fractures of the tibia or fibula, or of the ankle, to walk about by the much simpler means of a plaster-of-paris bandage. He has extended the application of the method to cases in which not only the bones, but also the soft parts covering them, are injured, and to fractures of the femur. In the latter cases he supplements the bandage by a splint, which can be improvised by any locksmith out of telegraph-wire and hoop-iron, or, if the latter cannot be got, sheet-metal.

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**Dislocations.**—We find the following in the *Medical Era*:

Never attempt to reduce a dislocation of the humerus in an old person without first examining the state of the arteries to inspire you with caution and gentleness.

Never put a *booted* foot in the axilla to reduce a dislocation.

Always reduce by some other method if the ribs are broken on the same side.

Remember that injuries to the elbow joint are often very difficult to diagnose, if much swelling co-exists; but:

Never give a positive opinion of an elbow joint until you have carefully examined the relations of the olecranon, internal and external condyles, and head of radius.

Remember that in dislocation at the elbow the joint becomes rapidly irreducible.

Never forget that a faulty diagnosis may cause loss of motion in the joint.

Never be ashamed to say you "do not know" until the swelling has subsided, and you are able to be certain of the character of the injury.

Do not forget in dislocation of the carpal bones that the great point is to see that the motions of the fingers are restored early.

**Operation for the Radical Cure of Indirect or Oblique Inguinal Hernia.**—Dr. F. O. Summers, writes as follows (N. O. *Med. and Surg. Jour.*): Having operated with satisfactory results upon a sufficient number of cases for the radical cure of oblique inguinal hernia, to report positively upon the subject, I desire to lay before the profession, through your columns, my method of operating, that it may be considered by those who are interested in this line of surgical work. I shall not take up time or space in the review of hernia and the methods which have been adopted for its cure—whose name is legion—but simply state my own method, which has proved absolutely successful in so many cases that I feel justified in offering it as a fixed method of operation for radical cure.

I generally operate without general anesthesia where the patidnt is willing to trust to my assurance that there will be but little or no pain connected with the opera tion. The local injection over the parts of a solution of cocaine hydrochlorate, five (5) grains to the half ounce of distilled water, will generally prove sufficient—using about two hypodermic syringefulls—one at each end of the inguinal canal—external landmarks.

I then invaginate the scrotum—after of course reducing the hernia—with the forefinger of my left hand, carrying it as far as possible up the canal.

With a canula needle I pass a silver suture (No. 26) from right to left, including the scrotum on the end of the finger. Clipping that, I pass another from above downward under the former, and then a third across in the axis of the canal. The ends are all then drawn together respectively and firmly twisted, a compress and bandage applied and the patient kept absolutely quiet for four days, when the sutures may generally be removed, although it is safer to let them remain for a week, after which time a bandage or light truss is worn until the neoplasm is complete. Generally the integument of the scrotum will come back down through the canal gradually, leaving the dartos and tunics plugging the cavity, closely attached to the walls of the canal remaining as a permanent and complete obstruction to the passage of the intestine. This is very simple, but in my hands it has proved a brilliant success.

**Blood Poisoning and Cases of Assault.**—Some curious medico-legal points were recently developed in an ordinary assault and battery case in New York City said the late Mr. Henry A. Riley (*N. A. Pract.*).

The wife of a professional light weight boxer and pugilist, who was dignified by the title of "Professor Haley," was accosted at night by a man in the streets, who followed her to her home. She tried to get away from him, but he went into the house directly after her. She then called up-stairs to her husband, who came down quickly to chastise the intruder. He took to his heels, but the athletic training of the Professor enabled him to catch up with the fleeing man, and in the scuffle which followed, the stranger was struck in the mouth and two of his teeth knocked out.

The Professor's knuckles were badly cut as the result of the blow, but he paid no attention to them until they began to swell and the arm to grow painful. The physician who was called in pronounced the case one of blood poisoning, and, although everything possible was done for the sufferer, he became worse, and it was decided that even amputation could not save him. Death occurred in about a week. The offender was not arrested, and no clue was found, when the case was decided to be one of blood poisoning.

**Treatment of Varicocele.**—Dr. Allen Pierson is a firm advocate of subcutaneous ligature of the veins. He describes the method as follows (*Int. Jour. Surg.*): It is fair to presume that the great majority of patients are built on the general plan, and with one on that plan let us go over the steps necessary in subcutaneous deligation: First, the room and bed of the patient should be gotten ready for a week's occupancy; second, a bath and the ordinary shaving and cleansing that precedes an operation by the open method; third, grasp scrotum at the point selected for the operation, with the thumb and fingers of the left hand, letting the vas, with its attending artery, slip backward from the grasp. This should be done several times in order to study the geography, so to speak, of the situation. Then pinching in the skin with the thumb and forefinger, pass a narrow bladed bistoury close to their tips, in the track of which pass a stiff, eyed probe, threaded with the ligature—catgut or silk—then releasing the hold, the eyed end of the probe, bearing the ligature,

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going first, is made to re-enter the scrotum at the point of exit and passing this time over the veins emerges at the point of entrance. The ligature is now firmly tied around the encircled veins, the ends cut short and the knot allowed to drop into the scrotum which is dressed antiseptically, having been properly elevated. Great care should be taken that no septic material enters the tissues. Towels wrung out of bichloride solution should cover all the surface around the point of operation. The hands of the operator should be as thoroughly cleansed as for any operation in surgery. The preparation of the ligature should be perfect; it should not be allowed to trail over the field of operation, but be drawn from its containing vessel as needed.

The after treatment consists of rest in bed, a suitable diet, a daily loose movement of the bowels, and as little handling of the parts as is consistent with proper dressing. After the patient is able to be up a suspensory should be worn till he is well and he should be told that at some future time, should there remain a redundancy of the scrotum, a secondary operation will be needed.

**Can Enemeta be Vomited?**—Dr. Robert Saundby says yes, and in support of his opinion writes as follows (*Brit. Med. Jour.*): Dr. Samuel Gee, in his very interesting and able Bradshaw Lecture, writes: "If enemata ever become emetic, as Sydenham says they do, it can only be by absorption into the circulating blood, just as vomit may smell of turpentine after the use of that drug in a clyster." Will you give me space to relate very briefly a case which convinced me that an enema may be vomited? When I came first to this city I was administrator of anesthetics at the General Hospital, and on one occasion a very emaciated youth had his thigh amputated at the hip joint for disease. The operation was rather long, and he had been vomiting for some time, bringing up bile-stained mucus, as in those days patients under ether anesthesia did in considerable quantities. After disarticulation had been performed, the operating surgeon ordered a large nutrient enema of hot milk and brandy to be administered. This was done at once, the final stages of operation being suspended for the purpose. Anesthesia was kept up, and the act of vomiting continued, but now the patient began to throw up uncurdled milk, which could only have been the enema just administered; at least I can believe no other explanation.

**Arterio-Sclerosis of the Apex of the Heart.**—Drs. Huchard and Weber (Cleveland *Med. Gaz.*) do not think that sclerosis is always generalized all through the heart-muscle, but is localized in certain regions. The seat of the lesion is of greater importance than the extension and intensity in the production of symptoms and the prognosis. Sclerosis of the apex is of great importance; vast regions of the heart become suddenly and without any transitory stage, sclerotic, with consequent profound cardiac disturbance. There results a tendency to cardiectasia and systolic attacks, a predisposition to functional insufficiency of the mitral valve and myocardiac weakness; in seven cases observed the disease terminated three times with sudden death. This form of myocardiac sclerosis expresses itself by either dyspnea, tachycardiac angina, or arythmic. There is no inflammation, but a degeneration of the myocardium. The writers would hence substitute the terms arterio-sclerosis of the heart or cardio-sclerosis. The diagnosis is very easy if one holds in mind the following four clinical laws:

1. The renal insufficiency is an early symptom and almost always found in all the arterial cardiopathies, even if albuminuria be not present.

2. On account of the degenerative myocardiac lesion, resistance being lessened, all arterial cardiopathies are accompanied by dilatation of the heart.

3. The heart-rythm being a function of the heart muscle itself and not of the nervous system, all arterial cardiopathies have a tendency to be associated, either continually or paroxysmally, with arythmic symptoms.

4. According to the localization of the lesions (at the valves, apex of the heart, in the ganglionic region, etc.), it may terminate gradually with asystolia, or death may be instantaneous.

**Gastric Digestion and Indigestion.**—Dr. A. Lockhart Gillespie has written a paper on this subject (*Med. Mag*). In speaking of the treatment of dyspepsia, he says that the cause of dyspepsia is often some disorder in the secretion of hydrochloric acid: either it is too great in amount or too small. Now these amounts are distinctly proportionate to individual idiosyncrasy. What in one would be too great is not sufficient in another. In a chlorotic patient with gastric pain and discomfort, the proper treatment for chlorosis soon allows the nerve ganglia in the gastric mucous membrane to withstand successfully and without irritation the same acidity which before caused distress. Dilution of the gastric contents with water is an efficient means of temporailly subduing the pain of acid dyspepsia. The pain caused by free hydrochloric acid comes on, as a rule, three-quarters of an hour to an hour after food; that caused by excess of the fatty acids, save in cases of gastro-ectasis, as early as a quarter of an hour to twenty minutes. The rational treatment of the latter, which is due probably to some deficiency of hydrochloric acid allowing too rapid a fermentation, is to make up this deficiency by giving some dilute hydrochloric acid soon after meals. In dilatation of the stomach the fermentation is of another character, consisting as it does in the growth of yeast and sarcinæ, which flourish in very acid media. Here the indication is to clean the stomach thoroughly by lavage; and by means of an appropriate diet, containing little fluid, and other remedies, to endeavor to restore the walls of the organ to their normal state. In ulceration of the stomach, the contents are always highly acid, but contain much the same proportion of free acids as

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in health. Cases of ulcer often occur in females who are suffering from anemia, and in whom free acid constitutes hyperacidity. Recognising these facts, the treatment of such conditions would best be carried out by (1) rectal alimentation; (2) the administration of some bland proteid, to counteract any free acid in the stomach secreted reflexly from the rectum; and (3) later on to give more food, chiefly of the proteid character, by the mouth, along with iron and arsenic.

**Medical Treatment of Rectal Cancer.**—The question of medical treatment of cancer of the rectum, in contradistinction to surgical procedure, is an interesting one, seeing that the latter is of so little promise in many cases and that a very short immunity only from recurrence is obtained after running the gauntlet of a severe surgical operation. For such cases, where the disease is advanced and the progress slow, M. Dujardin Beaumetz has devised a plan of treatment of which he reports favorably and which he credits with being able to prolong the patient's life longer than could be hoped for after an operation, even when successful. With this end he has recourse to intestinal washings with antiseptic solutions, so as to arrest, or at least diminish, the progress of the malady by removing the pus and secretions frequently. A solution of naphthol—ten to twenty centigrammes per cent.—is what he advises. In addition to this he disinfects the intestinal canal by exhibiting salol or benzo-naphtol with bicarbonate of soda, in wafers by the mouth. Laxatives must also be given to prevent any accumulation in the colon, and M. Beaumetz is of opinion that a diet consisting largely of vegetables is also advisable. He has at present under observation three patients suffering from rectal cancer who for the last three years have been subjected to this method of treatment and who have even gained in flesh. He is satisfied that the method is superior to extirpation.

**Dangerous Symptoms from Chloroform.**—Dr. Thos. S. Cullen states (*Brit. Med. Jour.*), that the method about to be described is original with Dr. Howard A. Kelly; it has proved satisfactory in producing regular inspiration and expiration, and resuscitating all of the cases (about twelve in number) in which dangerous symptoms have been observed.

As soon as it is seen that a patient has stopped breathing and the radial pulse is either feeble, intermittent, or entirely absent, and the pupils dilated, the operation is instantly suspended, and one of the assistants jumps upon the table and stands between the patient's legs, sometimes near the knees, sometimes with his body between her feet, and with his arms under the knees, elevates the body from the table so that the buttocks are raised 12 or 15 inches above its plane, while the upper part of the back and the scapular region rest on the surface of the table.

The head is allowed to drop slightly over the edge of the table until the chin and throat are almost on a line. The surgeon takes his position at the head of the table. The patient's head rests in the hollow of his thigh and is supported there by this and kept from dropping into a position of too great extension. The whole of the body is bared from hips to shoulders, and the surgeon proceeds to produce regular inspiration and expiration by first grasping the patient with both hands under and behind the lower thoracic (inferior costal) region. The lower chest is then pulled forward. This produces at once a suction of air into the chest. After waiting two or three seconds the movement is reversed. The surgeon uses both hands to compress the lower thoracic region and force the chest back towards the table. In addition to the advantage that this carries air into the chest and forces it out, producing rhythmic respiration under control of the surgeon, the blood in the body is carried by the posture to the thoracic and cerebral regions and currents are started by the respiratory effort to and from the heart, which cannot fail to have a value in stimulating regular action. After, one, two or three minutes of this sort of exercise the patient usually begins to make voluntary efforts at respiration, when the surgeon carefully times his own movements to act in a supplementary manner.

**Butylhypnal.**—M. Bernin, in examining the analogies existing between butylchloral and chloral hydrate, made experiments in combining the former with antipyrin, and succeeded in getting a crystalline analogue of hypnal, which he calls butulhypnal (*Natural Druggist*). This substance presents itself in the shape of light, colorless crystals, more or less voluminous according to the degree of concentration of the solutions from which they were obtained. The odor is similar to that of butylchloral. It is soluble in 30 parts of cold water, and much more soluble in hot water, alcohol, ether, benzin, and chloroform. Its taste is acrid and pronounced. Its solution takes a deep red color with perchloride of iron, and it gives an abundant precipitate of rectangular lamellar crystals on contact with picric acid. Alkalies decompose it into antipyrin, alkaline formiate, and propyl chloroform. It promptly reduces a hot solution of potassium permanganate, and, more slowly, a cold solution of the same salt. Its therapeutic qualities have not yet been properly tried, but everything points to powerful hypnotic properties.

**Treatment of Acute Coryza.**—Dr. Capitan recommends the following formula for the relief of acute nasal catarrh (*Lancet-Clinic*):

℞ Salol, - - - - - - - - ℥ss.
Salicylic acid, - - - - - grs.vj.
Tannin, - - - - - - grs.iij.
Boric acid, - - - - - - ℥ij.
M.

This powder is to be used as a snuff, but should not be continued for more than a few hours, as it is apt to excite a slight eruption along the edges of the nostrils.

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## Peculiar Obstructed Labor.

Editor MEDICAL REVIEW.—March 17, 1889, I was called about 4 P. M. to a farmer's house eight miles in the country to see Mrs. E., who was in labor. She had been having "good hard pains," as the neighbor woman said, and since 9 o'clock of the day before, having been in labor thirty-one hours before my arrival. I found a medium sized, rather spare woman aged about 38, and the mother of seven children. On examination I found a funis presenting which, on closer examination I found to be cold and devoid of circulation. I was told it had been down since the evening before. On introducing a finger into the vagina I made out a left occipito-anterior presentation and also concluded, of course, the child to be dead. The pains continued to be quite hard, but the patient being somewhat exhausted, and the head not engaging the straight after a half or three-fourths of an hour, the os in the mean time being fully dilated, I applied my forceps and delivered the head without much trouble. I told the people she would be through in a few minutes, bus she wasn't. I pulled on the head and the child being dead, I was not particular, on its account, how hard I pulled, but no go. Then I reached up and got down first one arm then the other. I took the child around under the arms and made traction but it would not budge an inch. Finally I sat down to rest (as I told them) but really to think. All this time there was a dark thin fluid flowing from the vagina, not excessive, but enough to make me a little uneasy. I thought of the Siamese Twins, dead locks in Congress, ten-horse power engines, and everything else of any strength, for I had pulled on that child in every direction allowed and not allowed, and as hard as I could pull with the head and shoulders out without moving it an inch. I finally tried once more before giving up and turned the woman over on her side and, after a very hard, long pull downward and backward, it came away with a rush, popped out as it were, and was followed by a gust of ill-smelling gas that almost choked me. And then I discovered the cause of the obstruction. The abdomen of the child was swollen to an immense size from beginning decomposition. If I had known the cause of obstruction I could have relieved it at once by tapping the abdominal cavity through the vagina or at least I think I could. But I never saw, read, or heard of a similar case before, nor since, and have enquired of a great many physicians. The after-birth in this case was in an advanced state of decomposition. I was obliged to introduce my hand and bring it away by handsfull. I never saw a drop of fresh blood and am satisfied the after-birth had been separated for days. I washed the uterus out at once and thoroughly with a sublimate solution; put the woman on quinia and iron, and ordered the uterus washed thoroughly every four hours. I called the next day (the 18th), and found the abdomen somewhat swollen and slightly tender, the discharge quite profuse, rather dark, but not offensive; temperature 102°. I gave her ten grains antifebrine, (just out then) ordered flannel cloths wrung out of hot water and sprinkled with turpentine constantly applied to abdomen. On the 19th, I found the fever gone, pain and distention gone, and in fact she got along as well as the usual case afterward with the exception of some pain and soreness in right limb for a few weeks after she was up. If any of my fellow physicians have met any similar case I would like to hear from them.

Tecumseh, Neb. E. M. MCGEE, M.D.

## An Improvised Tourniquet for Controlling Epistaxis.

Editor MEDICAL REVIEW.—November 1, 1891, was called to see Mr. B., who was having a severe epistaxis amounting to a profuse hemorrhage of bright arterial blood. It began in the evening and increased till midnight when I was called. I tried everything I could think of at the time for such a hemorrhage, such as antiphlogistic remedies internally, cold compresses to back of neck and over forehead, and tamponing the anterior nares with strips of cotton cloth saturated with tincture muriate of iron. After leaving this tampon in position for a few minutes the blood began to ooze out through the cotton cloth although this was packed in perfectly tight. The blood lacked sufficient fibrin to cause it to coagulate. I considered plugging the posterior nares but didn't deem it expedient since the blood had oozed through the tampon in the anterior nares. As the patient began to show signs of exhaustion from the excessive loss of blood, I made search for the artery of the septum nasi which I pressed against the superior maxillary bone just beneath the ala of the nose. This controlled the hemorrhage immediately. I held this artery for almost an hour expecting that the blood with which the tampon was saturated, would become sufficiently coagulated to stop the hemorrhage, but in this I was disappointed. I then contrived a tourniquet by taking a small piece of wood about three inches long, one inch wide, and a half inch thick. I shaved off from both ends about one-half the thickness leaving an elevated portion in the middle where the pressure was to be made upon the artery. I had this sewn into a piece of roller bandage of sufficient length to reach around the head, connecting the ends by a short piece of elastic, for the purpose of making constant pressure upon the artery. I then applied this device parallel to the margin of the upper lip, with the elevated portion upon the artery, and adjusted the bandages around the head of

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bandage across the top of the head and fastened the ends to the first bandage just above the ear on either side. This controlled the hemorrhage perfectly and permanently and although the case was one of purpura hemorrhagica the patient made a rapid convalescence.

Pueblo, Col., Nov. 29, '92. G. W. COFFMAN, M.D.

## Sobered by Apomorphine.

Editor MEDICAL REVIEW.—Some time since I was hurriedly summoned to attend a man whom I found "crazy drunk," and possessed of decided homicidal tendencies. As he utterly refused to take any remedies by the mouth I administered one-twentieth grain apomorphine hypodermatically, while two men held him in restraint. In a few minutes a child could have managed him as he was vigorously engaged in trying to remove his boots by way of his stomach. A sleep of several hours followed, and he awoke sober. My only regret was that I did not double the dose.

Swaledale, Ia., Dec. 5, '92. F. A. COGSWELL, M.D.

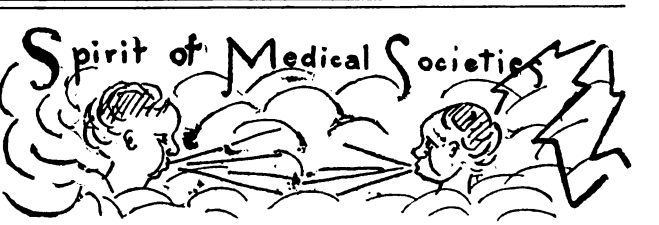
## Chloride of Ethyl in Minor Surgery.

Editor MEDICAL REVIEW.—I have tried numerous agents for the purpose of producing local anesthesia, but none of them has proved so thoroughly satisfactory to me as the chloride of ethyl. It is entirely devoid of danger, and in this respect is to be preferred to cocaine, and it possesses none of the inconveniences of the ether spray or freezing by ice and salt. It comes in long flasks with a long tube-like end; it is only necessary to break this end, and a fine jet will be projected through a capillary like opening in the tube; the warmth of the operator's hand is sufficient to produce the spray. No pain is produced by its application, and under its actions rapid and complete insensibility of the part is obtained. Last summer I removed a 44 calibre rifle ball from a man who had been shot in the gluteal region, the ball lodging just beneath the crest of the ilium; I used the chloride of ethyl spray and the operation was perfectly painless, the ball being removed without difficulty and the patient made a rapid recovery.

This is only one of a number of cases in which I have used it. In incising carbuncles, in lancing boils and whitlows, and in treating superficial neuralgias I have found this a valuable and useful agent. It has the advantage of extreme simplicity, it is easily applied and its action is prompt and certain.

Sanford, Fla. JUNIUS F. LYNCH, M.D.

**Maine Druggists** have prepared a bill to be presented to the next legislature which will allow them to sell liquors for certain purposes and under proper restrictions. It proposes to place the power of selecting who shall sell in the hands of the judges of the Supreme Court, and they also shall have the power to revoke all such licenses whenever it may appear that any person has abused the privilege granted him.




## St. Louis Medical Society.

Stated meeting held December 10, 1892. President Dorsett in the chair.

Dr. B. Lewis reported the catalogue ready for the printer's hands and had proofs for any correction the members may desire making.

Dr. W. B. Outten exhibited a multiple fibroma removed from the posterior third of the bladder. He spoke of its unusual size and rarity. He also stated that the patient was beginning to recover from the effects of the operation satisfactorily and rapidly so that he experiences very little trouble in urinating.

Dr. B. Lewis called attention to the advisability of petititioning the Legislature to impose a more severe punishment for the driving off or stealing of a physician's buggy. As near as he could understand (from an attorney) a person merely driving off a horse and buggy could not be prosecuted for theft unless it was offered for sale.

Dr. Dorsett read a communication from Chief Sanitary Inspector Francis stating that instead of the typhoid mortality being on the decrease he noted that the mortality for the past week has been greater than any preceding week of this year reported or the same week for the past fourteen years. He was also inclined to believe that the physicians were not reporting the cases as they should only 318 having been reported from December 5 to 10.

Dr. Fairbrother, as requested last Saturday evening, read communications that he had received pertaining to the typhoid in the immediate vicinity in Illinois near St. Louis. So far he had received 77 answers out of 150 circular letters he had sent out. About 300 cases of typhoid were reported and 44 lay their infection to St. Louis. One town (New Douglas, population 500), reported 86 cases, the largest percentage of any place he had heard from. It is remarkable how little sickness of general and typhoid character exists in the district that was overflowed during the Spring flood. Venice and East St. Louis and surrounding vicinity reported but very few cases, and these sporadic. He hoped he would be able to make a better report later, when he had received answers to his several unanswered circular letters.

Dr. Barclay read an interesting paper on ear affections in typhoid.

Dr. D. V. Dean read his paper on the microscopic condition of the water, regretting that he could not make the report on the water, that he had intended to as he had found little of interest microscopically, pertaining to the typhoid conditions observed.

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A general discussion ensued between Drs. Dudley, Shaw, Bremer, Grindon and Beggs of the usual nature. The Society adjourned to continue its researches and report at next meeting.

**Double Empyema.**—Dr. Walter Carr read before the Clinical Society (London), notes of a case of double empyema treated by drainage in a boy aged 7¾ years, who had been ill eighteen days. Eight and a half ounces of pus were withdrawn from the side by the aspirator, and as it would not escape readily from the left side, next morning a piece of the left eighth rib was excised by Mr. Naish, the house surgeon, under local anesthesia induced by cocaine, and seven ounces of pus escaped. A large drainage tube was inserted. The boy stood the operation well. After this his condition improved somewhat, but the temperature oscillated between 99° and 101°. Four days after the first operation a portion of the right sixth rib was removed under cocaine, eight ounces of pus evacuated, and a large tube inserted; there was much more collapse than after the first operation. Recovery was protracted, but the left tube was finally removed in the tenth week. The right lung took longer to expand, and the tube was left out twenty-six days later. During convalescence he had an unexplained attack of hemoglobinuria, lasting about a week. Eventually both lungs expanded completely, and the boy perfectly recovered in every respect.

**Amputation of Thigh.**—Dr. Nicholas Senn, in a clinical lecture delivered at the annual meeting of the Association of Military Surgeons, said (*Med. and Surg. Rep.*) that there are only a few essential principles that become necessary to memorize and to carry into effect in amputating through any part of the lower or upper extremities. If it is remembered to make the incision, so as to bring the resulting scar away from pressure in wearing an artificial limb. To preservo the periosteum, and to amputate the principal nerve trunks at least an inch above the level of the incision through the soft parts, which prevents a neuroma, and under all circumstances to secure complete hemostasis.

He says, "that it makes his blood curdle and hair stand on end" when in this progressive time and age, men are held up in courts of justice, to answer a malpractic suit, for having made a posterior long or lateral flap. Old text-books are still revered by lawyers, but are of little use to the surgeon. The proper plan is to take the flap from any region best adapted to serve as a covering for the stump.

Dr. Senn has discarded the use of the elastic bandage in rendering a limb avascular and empties the blood-vessels by simply elevating the member. He believes that the use of the elastic bandage is not only superfluous, but in all pathological conditions especially, is very dangerous, as its application from the distal part to and over the diseased point to the proximal side, may force the pathological process into the general circulation, which might be the cause of a dissemination of the process. When the limb is rendered avascular by elevation he interrupts the circulation at once by sudden proximal compression. He avoids linear compression by using a broad constrictor, and protects nerve structures by using a thick layer of gauze under the constrictor, when its superficial part cannot be avoided.

**Local Use of Phenacetine.**—In a communication to the Tennessee State Medical Society, Dr. M. H. Lee, of Knoxville, presents the results of some very interesting clinical tests made by him in the topical employment of Phenacetine. Dr. Lee says: "Phenacetine has been largely and successfully used in hemicrania, rheumatism, neurasthenia, angina pectoris, and locomotor ataxia. Still, we claim a no less important office for this drug, and that is, its local application to others." The writer then enumerates a large dumber of remedies he had tried in ulcerative conditions without obtaining satisfactory results. Finally at the suggestion of Dr. C. B. Lee, he tried powdered Phenacetine, which was dusted over the ulcerations three times daily. "The effect," says Dr. H. M. Lee (the writer of the report), "was remarkable, and dated from the first application of Phenacetine."

The first case presented is that of a woman, aged 50, who, for five years, had had a syphilitic ulceration of the foot and leg. Anti-syphilitic treatment had been employed in conjunction with the usual topical remedies, without satisfactory result. The internal treatment was continued and Phenacetine applied locally. "The ulcers," says the writer, "began healing rapidly, while the pain vanished as by magic."

In Case II, the ulceration had followed a severe injury to the hand, made with a saw. Bichloride gauze and iodoform had unsuccessfully been tried. Phenacetine was then employed, and, says the report, "the change for the better was noticeable at once; one week later the patient went to work."

Case III refers to a young man suffering from pyemia following a severe incised wound of the arm and hand. Various alteratives and antiseptics were used internally and externally without result. "Pulverized Phenacetine was now used locally, with the same internal treatment (iron, quinine and strychnine), from which time the improvement was rapid until the wounds healed."

In the fourth case the patient, 50 years of age, had suffered for fifty years from a chronic, indolent, syphilitic ulceration of the foot and leg. No treatment had proved effectual, and Dr. Lee found the patient suffering from uremia, incontinence of urine and an irritated skin, besides being delirious. "These symptoms," says the writer, "were treated on general principles, except the ulcer, which was dressed daily with Phenacetine, and this cleaned out the dead tissue and caused healthy granulations to appear at once."

The full report of Dr. Lee's paper, and the discussion following it, may be found in the Memphis *Medical Monthly* for October, 1892.

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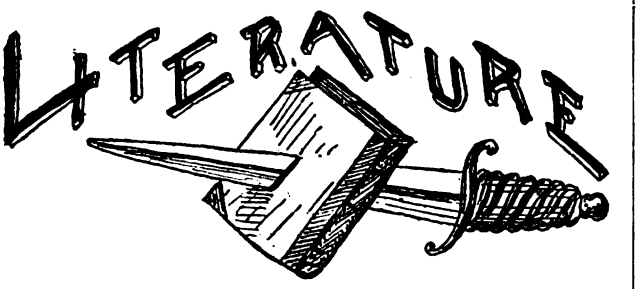


**The Anatomy of the Peritoneum.** By FRANKLIN DEXTER, M.D. 12mo., pp. 86. With thirty-eight Illustrations. [New York: D. Appleton and Company. 1892. Price, $1.50.

This little volume is not only opportune but a welcome addition to the anatomical library of the physician and surgeon. It should be particularly grateful to medical students for their *bete noir* has always been the peritoneum. The author very properly considers his subject from the standpoint of development, a method which enables the reader to form a clearer and, at the same time, more accurate conception of the subject. The plates are full-page in size and diagrammatic in character. The latter is, to our mind, a happy thought and one calculated to simplify the subject and at the same time elucidate it in a thorough manner. The additional advantage of printing the several diagrams in colors is no small advantage in pursuing the study of the subject under consideration.

The text forms an explanation of each plate ,the entire composing are interesting, running commentary in which a perfect sequence is prserved, albeit each portion is independent in itself. We have here presented the results of the studies pursued by the author, guided as he has been by the best teachers as well as the most reliable works on anatomy. There is no doubt that the appearance of this small work will prove an incentive to others of a similar character on other subjects; and, such a series is calculated to make anatomists and not merely memorizers of text-books on anatomy.

**Manual of Practical Medical and Physiological Chemistry.** By CHARLES E. PELLEW, E. M. 8vo., pp. 314. With Illustrations. [New York: D. Appleton and Company. 1892. Price, $2.50.

This is beyond a doubt the best work of its kind which it has been our pleasure to examine. The author, who is a good chemist, adapted this study to the wants of medical students and in the amplified form in which it is presented to us it is one which cannot fail to be of the highest value to physicians. The entire subject is divided into thirty lessons, these being grouped in nine parts. The carbohydrates, the fats, and mixed oils, and the proteids of albuminous bodies are first noticed. In this manner the foods are brought into prominence as well as the organic physiological constituents of the body in so far as they come under the heads mentioned. The inorganic constituents of the body are then taken up, in extenso. Water analysis is disposed of in one lesson, yet it constitutes a very valuable chapter. Animal tissues and secretions are next spoken of, the digestion and the urine in their chemical relations occupying the attention of the author. The work terminates with some elaborate lessons on the microscopical examination of the urine.

Particular attention is paid throughout the work to the clinical significance of every chemical observation made and this method of dealing with the subject not only demonstrates the value of the lessons, but also invests them with a large amount of interest. Microscopy is also continually employed in the further elucidation of the subjects handled, making the reader to understand what a broad scope is embraced by medical and physiological chemistry and how important a knowledge of its fundamental principles is to the physician who aspires to be well-informed in his profession.

Twenty-eight well executed engravings and eight plates, several of them colored are a gread aid. In addition a number of appendices give certain practical points and directions which could hardly be incorporated in the body of the work, relating as they do to the apparatus, reagents, etc., necessary for practical laboratory work. At the end of each lesson a blank leaf is inserted for the purpose of making such additions as would properly find a place there.

The publishers have made this a very handsome volume, well printed on good paper and in a manner befitting the excellence of its contents.

**Compressed Air Bath in Deafness.**—Dr. Hovent in a paper on this subject (*Med. and Surg. Rep.*) arrives at the following conclusions:

1. Catarrhal affections of the digestive or respiratory organs often result in an inflammation of the pharyngeal orifice of the eustachian tube causing deafness; the symptoms are often misleading, and may produce the supposition that the origin of the defect is in the internal or external ear.

2. The obstruction of the eustachian tube may be benefited or cured by compressed air baths.

3. The compressed air bath is the most efficacious massage treatment for the tympanum.

4. A cure by air baths will prevent the return of intermittent attacks, due to coryza, anginæ, laryngitis, bronchitis, catarrh of the drums, otorrhea, etc.

5. When the patient is quite young a complete cure can be obtained by air baths, even in the most desperate cases, in adults they will produce the same results as long as the acoustic nerves are not completely degenerated.

6. This treatment for deafness differs entirely from that applied to other affections.

7. Cardiac affections as well as a state of low vitality, which have been sonsidered contra-indications, will on the contrary be markedly benefited by a systematic prudent administration of compressed air baths.

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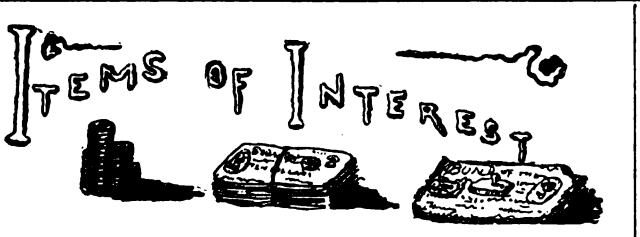


**The Death** is announced of Dr. Axel Iversen, pro fessor of Surgery at the Communal Hospital, Copenhagen, on the 22nd ult.

**Meharry Medical College** (for negroes) is in the sixteenth year of its existence and has conferred the degree of M.D., on 1,057 young men.

**The Four G's.**—It is said that Oliver Wendell Holmes, at an afternoon tea—an entertainment he avoids if possible—in reply to his hostess as to what he thought of them, said, "What I think, madame, is expressed by four 'G's,' viz: Giggle, Gabble, Gobble, Git."

**Alumnol** is the name given by Dr. R. Heinz, of Breslau, to a new preparation which is stated to be the aluminum salt of an aromatic sulfonic acid; according to the *Pharmaceutische Centralhalle*, probably oxymethyl sulfonic acid. It is easily soluble, non hygroscopic, antiseptic and astringent.

**The "One Hundred Day" Disease.**—Dr. Alice M. Ross, of Swatow, writes in the *Reporter* that whooping cough goes by the name of the "hundred day disease" in Japan. That is a term that tallies fairly well with our own average prognosis, if we except those fortunate cases that are amenable to antipyrin or exalgine.

**The Late Epidemic of Cholera in Germany.**—The health-office report from Berlin states that there have been in Germany this year 19,647 cases of cholera of which 8576 have been fatal. There appears to be a discrepancy in the reports, since the official reports from Hamburg show that there have been 23,000 cases and 11,000 deaths from the disease in that city alone.

**The Result.**—The *Lancet-Clinic* says: We are informed that the suit for damages against Dr. G. A. Fackler for ten thousand dollars resulted in a verdict for the defendant. The plaintiff failed to appear at the time of the trial and the case was accordingly dismissed. We congratulate the doctor on the result, although we knew the case would never amount to aught. There is another suit for damages against one of our physicians which has been pending for several years. We have heard of no decision in this case, although we feel confident of the doctor's ultimate triumph.

**A Case of Small-Pox in the Post-Office.**—A colored man employed in the newspaper distributing department of the general post-office, New York, having developed malignant small-pox, Post-Master Van Cott at once ordered that every one connected with the post-office should be vaccinated, and, accordingly, all the clerks and other employees, amounting to nearly a thousand, have been vaccinated by the physicians of the Bureau of Contagious Diseases of the Health Department.

**New Professorship in Jefferson Medical College.**—At a meeting of the Board of Trustees held on Wednesday, November 30th, 1892, Dr. E. de Schweinitz, was on the unanimous recommendation of the Faculty elected Clinical Professor of Ophthalmology in the Jefferson Medical College.

At the time of election, Dr. de Schweinitz was Professor of Ophthalmology in the Philadelphia Polyclinic and Lecturer on Medical Ophthalmoscopy in the University of Pennsylvania.

**Brooklyn Gynecological Society.**—The officers for the ensuing year were balloted for recently, with the following result:

President—Walter B. Chase, M. D.
First Vice.President—George McNaughton, M. D.
Second Vice President—Z. T. Emery, M. D.
Recording Secretary—L. Grant Baldwin, M. D.
Corresponding Secretary—J. C. McEvitt, M. D.
Treasurer—William Maddren, M. D.
Pathologist—J. M. Van Cott, Jr., M. D.

**Attitude of the World's Columbian Exposition Towards Nostrums.**—From the pamphlet on classification and rules published by the World's Columbian Exposition we (*New Idea*) quote: "Rule 15. Articles that are in any way dangerous or offensive, also patent medicines, nostrums and empirical preparations whose ingredients are concealed will not be admitted to the exposition."

This certainly puts a quietus on the quack medicine people who might desire "to work" the hundreds of thousands of people who will visit Chicago next year, and it certainly should be clear enough that trademarked articles, such as the numerous "bromos," "ines," "idias," and "inas," are not to be allowed to be shown. The classification of patent medicines as articles which are dangerous and offensive is certainly correct, and in no other way should they be considered. Quack medicines should be treated in the same manner as the quack doctor is by decent people, simply as frauds and impositions, and we are pleased to see that the commissioners of the World's Fair have dealt with them so. Would that the daily press could take the same view of nostrums and ostracize them, but such a millenium can never occur until the press is strong and independent enough to refuse to be subsidized by the nostrum-makers.

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**Half the People** you meet look as if their livers need washing and scraping.

**Small-Pox at New Haven.**—Seventeen cases of small-pox are reported at New Haven, Conn.

**T. W. Balte** reports 8 cases of alcohol habit cured by hypodermics, of strychnine gr. $^1/_{30}$, and atropine, gr. $^1/_{200}$, twice daily. There are no such disastrous effects as those induced by the Keeley treatment.

**An Eclectic Cotemporary** is rather biting in its remarks when it observes that an old school medical journal says, "coal oil rubbed on the neck and head will cure hog-cholera." The editor of the *Clinical Reporter* (Hom.) says, "We have tried it." That settles it.

**Determining Temperature.**—Prof. Wilson says that when the temperature is taken in the groin, ½° should be added. He also favors the taking of the temperature in the axillary space, rather than in the mouth, as being the more accurate method of determining it.

**Superstition** is still among us. A physician attending a woman in confinement had some trouble in delivering the afterbirth. A quaint old woman standing by said, Mary Jane, get up and sit on the chamber and blow through your first three times and it will come. "Where ignorance is bliss 'tis folly to be wise."

**Beer and Cholera.**—Now let the beer guzzler rejoice (*Times and Register*). Weyle says that the cholera-bacillus does not take kindly to beer, and that beer-drinkers are safe. As this applies in all probability only to sour beer, it goes to show that the bacillus is wiser than the men; for it won't drink sour beer, but they do.

**A "Gold Cure" Collapses.**—We find an item of news in the daily papers that seems to indicate the positive decline and fall of the "gold-cure" craze. An establishment for the treatment of inebriety that was opened at Long Branch, N. J., in May last has closed its doors. The concern was incorporated under the style of the "New Humanity" gold cure. The capital said to have been required to carry on the undertaking has been estimated at $400,000.

**A Neglected Organ.**—Dr. J. H. Egbert says that most surgeons repair noses with less concern than they set or amputate injured arme and legs—and why? Because the nose is the Cinderella of the features; and while the eyes pose as the "mirror of the soul"; while the lips are the "theme of poets' song and lovers' dreams"; while the cheeks, with their illusive dimples and evanescent blush, ravish the heart of mankind—the nose has none to sing its beauty or voice its praise. Nevertheless, in no feature is fineness of form more essential to the beauty of the "human face divine" than in the nose.

**When a Boy** really likes to go to church you should take him to the doctor; something is wrong.

**One Way to Advertise.**—A sample copy of a religious paper was received, presumably by a number of Buffalo physicians. Beneath the address label was stamped in large letters: "Sample Copy for Himself and his Most Devout Convalescing Patient." St. Louis has been afflicted in the same way.

**Surgeon-General Wyman and the Transatlantic Steamship Companies.**—Some of the daily papers are industriously circulating a report that several of the Transatlantic steamship companies are very much displeased with Surgeon-General Wyman's administration of the national quarantine, and that they are taking steps to displace him on account of the unnecessary detention of steamships (N. Y. *Med. Jour.*). Surgeon-General Wyman has simply acted in accordance with the President's proclamation, and there could be no better commendation of his administration than his condemnation by the various agents of foreign steamship companies, who are generally far more solicitons as to the interests of their owners than as to the welfare of the people of this country.

**Prophets Without Honor in Their Own Country.**—In his introductory address on taking the chair of surgery in Glasgow University, to which he has been recently appointed, Prof. William Macewen makes the following allusion to the two Hunters (John and William), who were born near Glasgow (Boston *Med. and Surg. Jour.*): However the Londoners may have beeen wanting in appreciation of John Hunter's genius while he lived among them, they have amply compensated for it by the care they have since bestowed upon his magnificient museum, to which they are constantly adding; and by the establishment of "Hunterian Orations" the memory of his achievements are annually revived. Contrast this with what is done in Glasgow to perpetuate the memory of these two great men, who in their early days were so intimately associated with it. The public have almost forgotten their names, and this is even the case at their birth-place, Longcalderwood, to which, I made a pilgrimage some years ago in search of Hunter's house. Arriving as near the place as our direction seemed to indicate, we made inquiry as to its locality at several isolated houses in the rural district, without eliciting the desired information. When the question was put to one old lady as to the whereabouts of the house which used to be inhabited by the Hunters, she naively answered in the Scotch fashion, "What hae they been dae'n that ye're speerin' for them?" *Sic transit gloria mundi.* That the name and memory of William Hunter are not better known among the rising generation is due to our own supineness. We have been acting like the man in the parable who wrapped his treasure in a napkin, and if we do not bestir ourselves we may reap his award.

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**The Journal fuer Zahnheilkunde** reports a case of death during the narcosis from pental, the new anesthetic.

**Indians,** it is said, take passionately to anesthesia. Once they have seen it used they desire it for most trivial pains.

**A Day in Bed Once a Month,** says Dr. F. W. Abbott, will do the overworked physician more good than an annual vacation of several weeks.

**A Patient,** in describing her previous treatment, told a physician recently that "the doctor said my womb was out of place, and he put in a *pessamist.*"

**To Remove Nitrate of Silver Stains from the Fingers.**—First paint the blackened parts with tincture of iodine; then, by applying ammonia, the iodine will be bleached, leaving white instead of black stains of nitrate of silver, so says an exchange. Photographers simply use a solution of cyanide of potassium.

**Wants His Kidney.**—A rich Dayton, Ohio, merchant had a kidney removed two years ago by a surgeon of Cincinnati. Recently, after a critical examination, his attending physician decided that the surgeon had removed the sound kidney instead of the diseased one. The surgeon admits that he has the kidney preserved, but refuses to return it, and the former owner of it is about to bring suit to recover it.

**At the Leper Hospital at Little Bay,** near Sydney, New South Wales, 31 patients have been admitted since its establishment in 1883 up till the beginning of last year, namely: Natives of New South Wales, 9, of whom 1 has died; 19 Chinese, of whom 8 have died; 1 half-caste from the West Indies, who was discharged in 1385, his sores having healed, and there being at that time no law to warrant his forcible detention; 1 Javanese; and 1 kanaka—total 31, of whom 9 have died, and 1 could not be detained. At the beginning of the year 1891, 13 lepers were under detention at the lazaret. During the year, 17 persons were notified to the Board as suspected to have lepaosy. On examination seven were found to be ill of some other disease. Ten were found to have leprosy; five of them were natives of New South Wales of European descent, four were Chinese, and one was a kanaka from the island of Tauna. One of the five whites died very soon after his discovery. The number remaining under detention December 31, 1891, was 21, one native of New South Wales of English descent and one Chinese having died during the year; eight of them were natives of New South Wales of European descent (six males, two females); 11 were Chinese, one a Javanese, and one a kanaka.

**Dr. Randall Hunt** was elected president of the Shreveport, La., Medical Society at its last meeting, and Dr. W. Egan was elected secretary.

**Dr. R. J. Francez,** the oldest physician of Lafayette, La., died on October 28, 1892. He was a prominent planter and widely esteemed citizen.

**Specific Medication.**—The *Eclectic Medical Journal,* a prominent exponent of specific medication administers the following drastic dose to one of our esteemed Ohio contemporaries: There is a frail medical waif published in this city which calls itself the *Ohio Medical Journal,* vainly intended, we presume, to represent the medical profession of the State. This premature weakling raises its colicky voice in a feeble wail because the *Journal* saw fit to comment upon a case in which a patient was decided to be dead by the regular physician, and was thereupon packed in ice at the Morgue. The patient, however, being subsequently found to be alive, was removed to the City Hospital. We fear this infant effort at medical journalism will not withstand the perils of its first dentition,—certainly not, if attacks like the above are to become frequent. We are inclined to be gentle with the physically and mentally feeble, but we must chide the keepers of this weakling for allowing it to indulge in such strong diet as that presented by the *Journal.* Better continue the "humanized milk" and solid extracts from the *Medical News,* which has heretofore furnished the largest part of its pabulum.

**Necklace of Teeth.**—According to the *Am. Jour. Dent. Sc.,* The San Francisco Examiner says: What the queue is to the Chinaman, what the tuft of hair in the middle of his head is to the American Indian, such to the Fiji Islander, as giving him the pass to social distinction, is the necklace he wears of teeth taken from his victims.

So says Dr. J. M. Whitney, of Honolulu, and he ought to know. For a few dollars he obtained such a necklace from a sailor who had been on a British man of-war cruising among the Fiji Islands. Many traits of character aud disposition are revealed on examining this necklace. In the first place, there are 288 teeth. As each tooth represents a victim the assumption is that this particular chief lived well and dined sumptuously.

Many of the teeth have not attained their full size. This indicates that the owners of the teeth were young and, of course, tender and juicy. All of which goes to show that the cannibal king was of a discriminating mind and knew good food when he saw it.

On the other hand, the presence of some very old-looking teeth augurs that sometimes times were hard and the poor cannibal had to put up with what he could get. This would encourage the virtues of fortitude and self-denial.

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**An Innuendo.**—A recent writer states that "not much can be expected from schools where the learned professor may owe his position to a hypothetical degree, family influence, or dad's purse, and to having spent a few months in Europe in partaking of those refining literary stimulants—Dutch cheese, sauer kraut, and beer." We presume the writer has some one in his mind's eye in this pointed allusion, but who is it?

**The Medical and Surgical Society of Washington, D. C.,** has elected the following officers for the session of 1892-'93:

President—Dr. J. Wesley Bovee.

Vice President—Dr. F. T. Chamberlin.

Secretary and Treasurer—Dr. Llewellyn Eliot, 1106 P Street, Northwest.

Executive Council—Drs. F. B. Bishop, Johnson Eliot, L. K. Beatty, E. L. Morgan and Llewellyn Eliot.

**M. M. A. S., London.**—Speaking of dignity, the medical social clubs are criticising a similar organization in England for overdoing the humorous features of its entertainments. *L' Actualite Medicale*, for instance, cites the following report from an English paper as furnishing an example of "gaiety without dignity": "At the Mutual Medical Admiration Society's recent meeting, papers were emitted having the subjoined titles: 'Treatment of Chronic Diarrhea by Ligation of the Transverse Colon'; 'Homicidal Mania in a Child of Five Years'; 'Treatment of Spina Bifida by Taxis and Percussion'; 'Massage in Forceps-Swallowing'; and 'Notes on the Functions of the Umbilicus':" No doubt this alleged fun is both shoppy and lugubrious.

**Did Cleopatra Mesmerize?** The London *Spectator* gives us to understand (*Nat. Med. Rev.*) that this charming Greek owed all her power to enchain the masters of the Roman army by her bewitching manner. Certainly she did not have remarkable beauty, if the face on her coins be taken as an authority. Plutarch said that "the contact of her presence, if you lived with her, was irresistible. The charm of her conversation was something bewitching. It was a pleasure merely to hear the sound of her voice." So the *Spectator* asks if Cleopatra was a "hypnotist"? Most decidedly not. She did not produce sleep. Anthony may have made a fool of himself, but he did not mope around in a half dazed condition when "under her influence." The life of Cleopatra illustrates simply what brains in a woman can do. A pretty face is all right, a handsome one is better; but best of all, let her voice be as Plutarch said of Cleopatra, "like an instrument of many strings, with which she could pass from one language to another, so that there were but few of the barbarian nations she answered by an interpreter; and to most of them she spoke herself, as to Ethiopians, Troglodytes, Hebrews, Arabians, Syrians, Medes, Parthians and many others whose language she had learned."

**Surgeon-General of Connecticut.**—Dr. Patrick Cassidy, of Norwich, has been appointed by Governor elect Morris Surgeon General of Connecticut.

**Foreign-Bodies in the Bladder and Indian Superstitions.**—Col. T. H. Hendley stationed at Jeypore, India, writes to the *Lancet* as follows: Surgeon-Major D. Davidson, civil surgeon of Satara, a short time ago, in communicating an unusual case of vesical calculus to the *Lancet*, stated that the nucleus was formed of a small doubled-up twig, and added that he could not clearly ascertain how or why the foreign body had been introduced into the bladder. A few days ago I had a man under my care whose case may throw some light upon the subject. I removed a stone, weighing upwards of two ounces, from the bladder of the patient, a Jogi, in which the concretion had formed round a small piece of "amar-bel" (a species of viscum) a parasitic plant, with fine, smooth stems, which infests certain trees, and is, as its name, "the deathless creeper," would perhaps seem to indicate, regarded as being possessed of special virtues. The Jogi, or Yogi, is one who attempts to attain union with the Supreme Being by means of abstract contemplation. My patient explained that he was accustomed to cleanse his urethra with a piece of the "amar-bel" stem in order that he might fit it for the last passage of his soul out of the body in a state of purity, so as to avoid the necessity of another—or at least of a lower—birth, and that two years ago it had slipped back into the bladder. It is thought by Hindu Yog philosophers that the soul leaves the body by one or more of ten outlets (*dash-dwar*), of which the eyes, ears and fontanelles are pure, and the nostrils, mouth, anus, and urethra are impure. Sometimes, if there be a discharge from any of the impure passages at the time of death, the soul may take its exit by them and thus become defiled and takes a lower birth, hence the Jogi tries during life to mimimise the evil by cleansing every road as much as possible. The modes of effecting this are described in various works, and some are remarkably curious. I am informed by a very enlightened Rajput noble that warriors do not take opium before going into action in order to acquire a little spurious courage, as some have supposed, but to induce constipation, so that, if fatally wounded, the sphincter may not be relaxed, and thus the soul may pass away by an upper exit. It is true that Krishna said to Arjuna in the Bhagavat Gita that one who was killed in battle would go to heaven, but it is as well to make sure of a safe journey for the soul a Hindu thinks. In judicial death by hanging there is of course the prospect of the soul having to leave the body by an objectionable channel, but in addition there is the certainty that the prisoner does not die on the earth and so his spirit becomes a pisach, a chut or demon. This explains what always seem to the spectator the unfeeling action of the friends of a Hindu when he is on his deathbed at which time they always place him on the ground in order that he may expire there.

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**Railway Surgery at the Pan-American Medical Congress.**—A Section of Railway Surgery of the Pan-American Medical Congress has been organized with Dr. C. W. P. Brock of Richmond, Virginia as Executive President. A full list of officers has been provided for each of the constituent countries. At the Eleventh Annual meeting of the Wabash Railway Surgical Association—the first organization of the kind. Dr. C. B. Stemen of Fort Wayne was by unanimous resolution requested to prepare a paper on Organized Railway Surgery and read the same before the Section on Railway Surgery of the Pan-American Medical Congress. At the same meeting Dr. Hal. C. Wyman of Detroit offered the following which was unanimously adopted:

*Resolved*, That each member of this Association solicit his Congressman to interest himself in legislation in favor of the Pan-American Medical Congress.

**The College Yell.**—The Philadelphia police had received orders to lock up any students yelling in the streets, and as the boys thought and talked it over the more restive they became, until on the night of October 30th, they resolved to vindicate their right to yell by a great demonstration, and 2,400 of them, preceded by a squad of mounted police, and reviewed by His Honor, the mayor, marched yelling through the streets. Pennsylvania University came first, 800 strong, with unique effects in lines of marching students, carrying lanterns of red and blue—the college colors. Every man chorused in union their "Hoorah, hoorah, hoorah, Pennsylvania." The Pennsylvania Dental College carried a transparency reading: "200 orderly students." "We wear tennis shoes and don't wink on the street." But the 200 could yell, and they filled the air "S-st boom, rah—s-st, boom-rah, Pennsylvania College, ha, ha, ha." And the Philadelphid Dental College was represented by 300 students.

**Free Trade and the Medical Profession.**—Some of our contemporaries (*Med. Rec.*) are urging the immediate removal of the tariff on microscopes, medical and surgical implements and scientific works. In scaling down the tariff, we believe that the medical profession should be on the alert to see that its interests are provided for. We want our surgical instruments as cheaply as possible, and we have quite the same right to a reduction as any other profession, or class of workers. At the same time it is a convenience to have prosperous surgical instrument makers at our doors; and we do not want to have to send to Germany every time we need a new kind of knife, or a new surgical implement of any kind. Therefore, it is better that the medical profession will not urge free trade in surgical instruments at once. The same is true of books and microscopes. There are several prosperous firms making these latter instruments, and they also have interests at stake. Let the profession urge its rights to cheaper products, but keep in mind what is due to those supplying us now.

**If You Have Dandruff** at thirty, you will be bald at forty.

**If Men Abused** their enemies as much as they do their stomachs they wouldn't have any enemies.

**Is This Gynecology?**—Dr. W. H. Link speaks as follows in the course of an article (*Med. and Surg. Rep.*): I am told by reliable persons that in one of the most respectable medical schools in a large western city the chair of gynecology is occupied, (not filled), by an old medical ante-diluvian, who has never done a surgical operation of any kind, either plastic or otherwise, in all his life. Such a man, no doubt, thinks that the whole science of medicine in his specialty consists in whitewashing the vagina once a day with carbolic acid and glycerine, and looking wise in the presence of his students when he meets a case that refuses to yield to the whitewash system of therapy, and who, when a case so plainly surgical that it can not be ignored, comes before him, excuses his cowardice and ignorance to himself and class by naming it conservatism. There are some schools in this country where a system of practical instruction is attempted with the graduating class, and where the student has opportunities for personal examination and treatment, and may witness an application of the necessary surgical means of relief. But these schools are the exception to a very general rule, and may be justly looked upon as harbingers only of a brighter day.

Coming home with such a mental picture before him as every student must bring from such teaching as I have attempted to describe, is it any wonder that he soon becomes wind shaken in doctrine, sun-cracked in knowledge, worm-eaten in method, and moss-backed in practice? The literature, current and otherwise, of the day only deepens his despair when perchance he rouses from his lethargy and seeks for light. He is constantly told by the great host of conservatives that it is only given to an inspired few to do anything like surgical work. That he, being a country doctor, living close to the gum-wax tree, must send for of those great men who have drunk deep and often at the great German fountains of surgical knowledge, to do all his important work for him. He is told by some of our text-books and men who fill most of the space in our special journals, that foreign cattle all wear long horns, and that unless a man lives *am Rhein Fluss* and bears the mellifluous name of Klopstock, Kruminshingle, or Pullminoseoff, "his name is Dennis," so far as any excellence surgical or otherwise, is concerned. Well, the average country doctor, being limited in means as well as time, looks at the map and sees that Germania lies beyond the sea; and, knowing that a course in one of her favored hospitals is beyond his means, he settles down to the inevitable, and contents himself with becoming a feeder for Gotham or some other center, when his patients have money. When they have not and his efforts fail to relieve, they are in the hands of nature and must do the best they can.

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**Found Dead.**—The body of Dr. Newton, formerly of Hartford, Conn., was found in a clump of bushes in the outskirts of Meriden, October 28th. The head was almost severed from the body. How he came to his death is a mystery.

**N. Y. State Association of Railway Surgeons.**—At the second annual meeting of the New York State Association of railway Surgeons, held at the Academy of Medicine, November 14th, Dr. George Chaffee, of Brooklyn, was re elected President.

**Practice in Chicago.**—Says the *Medical Current*: It is really astonishing, when one stops to think, how many physicians are coming to the city to locate, and also appalling to settle the final outcome of all those who drift here, when one realizes how many are now simply hanging on and hardly keeping their heads above water.

**Dr. Franklin H. Hooper,** of Boston, one of the most eminent laryngologists of New England, died on November 23, from cancer of the throat. Dr. Hooper was forty-two years old. At the time of his death he was attached to the Massachusetts General Hospital, and was Professor of Laryngology at Dartmouth Medical College.

**We are Reliably Informed** that Dr. W. T. Jenkins, Physician of the Port of New York, is opposed to any system of National Quarantine. He says he and his assistants kept cholera from gaining a foot-hold here last summer, and that "they can do it again." We do not agree with Dr. Jenkins, and have so far failed to find any physician in this city, of his way of thinking (*Med. Rec.*).

**Southern Medical College Association.**—At its recent meeting the following permanent officers were elected:

President—Dr. J. M. Bodine, of Louisville.

Vice-President—Dr. W. D. Haggard, of Nashville.

Secretary and Treasurer—Dr. G. C. Savage, of Nashville.

Unless otherwise ordered by the President, the annual meetings of the convention will be held at such times and places as mark the meetings of the Southern Surgical and Gynecological Association.

**Funeral Honors for Nurses Dying at the Post of Duty.**—The Paris Municipal Council has passed a resolution that nurses, male or female, in the hospitals who die of disease contracted in the performance of their duties shall be buried in ground which shall be assigned to them in perpetuity. This decision is made retrospective so as to include the six hospital nurses who died of cholera during the recent epidemic. A resolution was also passed that when a nurse dies under such circumstances the fact must be notified to the Municipal Council, which will send delegates to represent it at the funeral.

**For Frost Bite.**—Saalfeld gives the following in the *Therap. Monatshefte* (*Med. News*):

℞ Acid. tannic, - - - - - ʒxx.
Glycerin. vel.,
Spt. camphoræ, - - - - - ʒj.
M.
Sig. Apply topically, with friction. Or,
℞ Acid. tannic., - - - gr.xxviij.
Tinct. benzoini, - - - ♏xxviij.
Spt. vini rectif., - - - ʒjss.
Collodii, - - - - - - ʒss.
M.
Sig. Apply topically, with a brush. Or,
℞ Acid. hydrochlor. pur., - - ʒj.
Camphor. tritæ, - - - ʒjss.
Lanolin,
Vaselin. flav., - - - - aa ʒj.
M. Ft. unguent.
Sig. Apply at night, with friction. Or,
℞ Aluminis et potassii sulphat.,
Acid. borat., - - - aa gr.vj.
Tinct. benzoini, - - - ♏xv.
Aquæ rosæ, - - - - - ʒj.
M.
Sig. Topical application. Or,
℞ Aluminis et potassi sulphat., - ʒj.
Vitelli ovi, - - - - - No. j.
Glycerin, - - - - - - ʒss.
M. Ft. emulsio.
Sig. Apply topically, with friction.

**Antiseptic Mouth Wash.**—Muller.

℞ Acidi thymici, - - grms. 0.25.
Acidi benzoici, - - - grms. 3.
Tincturæ eucalypti, - - grms. 15.
Spiritus vini rectificati; grms. 100.
Ess. menthæ piperitæ, - grms. 0.75.
M.
Sig. Drop enough into a glass of water to cause turbidity, and rinse the mouth morning and night.

**Acute Cold.**—According to Atkinson, the following is an admirable remedy for a cold of an acute character in children (*Med. Sum.*):

℞ Ammoniæ mur., - - - - - ʒj.
Syr. scillæ,
Syr. ipecac, - - - - aa ʒiij.
Tr. opii camph., - - - ʒj.
Syr. tolu., - - - q. s. ad ʒiij.
M.
Sig. Take a teaspoonful every three hours.

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**Mrs. 149**—I like Dr. Winkeye so much.

Mrs. 148—So do I. He always advises me to go to such nice places for one's health.

**Old Dr. du Mond** (to wayward nephew)—My boy, you should try to profit by advice.

Jack—I might, uncle, if I got five dollars a visit for giving it, as you do.

**"Well,** what you wearing glasses fur, Mr. Johnsing?"

Mr. Johnsing—"Fur my eyes, nigger; din you spose I wuz wearin' 'em fur der colic?"

**Effie** (doing a sum in arithmetic)—I do wish I was a rabbit.

Maud—Why?

Effie—Papa says they multiply so quickly.

**Absent-Minded.**—Patient—Doctor, there seems to be something wrong with this prescription.

Physician—Ah, yes, I see. I have made a slight mistake. I've made out the bill instead of the order for the medicine.

**Young Pharmaceutist**—Are you ever troubled with colic, miss?

His Parter—No.

Young Pharmaceutist—What a pity! I have a cure for it that's simply out of sight.

**Thought She Had Hydrophobia.**—"Pa, has our new ma got hydrophobia?"

"No, child. What made you think of that?"

"Why, I just heard her say that she got awfully bit ten the day she married you."

**The Number Limited.**—Wife—"I see your patent Aluminium Drop Remedy is advertised to cure just twenty-five diseases."

Husband (patent medicine proprietor)—"That's all I could get into half a column."

**Is This the Way it's Done?**—Excited citizen (to business manager of Eureka Medicine Co.)—See here! What do you mean by printing this testimonial over my name? I never took any of your stuff in my life.

Manager—We are sorry, sir; but we understood that you were dead. (To clerk)—James, see that the signature under sworn testimonial, No. 41,144 is changed before we get out the next edition of "Public Indorsement."

**The Distance from Jersey City to Washington** is 229 miles, and the fastest trains now cover it in five hours. Not satisfied with this rapid work the Pennsylvania railroad is said to contemplate a schedule of four and a half hours. This would require an average speed of fifty miles an hour without allowing for stops and slowing up through Baltimore and Philadelphia, and would be altogether a great performance.

**Rapid Transit.**—The highest recorded speed ever achieved by a locomotive was made one day recently by a compound engine on the New York division of the Philadelphia & Reading system, when it covered a mile in 37 seconds (*Railway Age*). This is at the terrific rate of 94¼ miles an hour, and almost reaches the theoretical 100 miles an hour which some believe is to be the ordinary speed of fast trains of the future. Nor was this single mile's performance the only extraordinary part of the run, for the next mile was made in 38 seconds, showing two consecutive miles in 75 seconds, and other miles were covered in 39, 40, 41 and 42 seconds—the latter indicating a rate of 85 miles per hour. Five consecutive miles were passed in 205 seconds—an average of 87.8 miles an hour—which is also an unequaled performance.

**A Railway to Eternity.**—Dr. David Gill, lecturing recently on "Fixed stars," hit upon the following adroit method to illustrate the distance to Centauri (*Boston Globe*). The doctor said: "We shall suppose that some wealthy directors, for want of outlet for their energy and capital, construct a railway to Centauri. We shall neglect for the present the engineering difficulties—a mere detail—and suppose them overcome and the railway open for traffic. We shall go further and suppose that the directors have found the construction of such a railway to have been peculiarly easy, and that the proprietors of interstellar space had not been exorbitant in their terms for right of way. Therefore, with a view to encourage traffic, the directors had made the fare exceedingly moderate, viz., first class at two cents per 100 miles. Desiring to take advantage of these facilities a gentleman, by way of providing himself with small change for the journey, buys up the national debt of England and a few other countries and, presenting himself at the office, demands a first-class single to Centauri. For this he tenders in payment the scrip of the national debt of England, which just covers the cost of his ticket; but at this time the national debt from little wars had been run up from $3,500,000,000 to $5,500,000,000. Having taken his seat, it occurred to him to ask: 'At what rate do you travel?' 'Sixty miles an hour, sir, including stoppages,' is the answe 'Then when shall we reach Centauri?' 'In 48,56 years, sir."

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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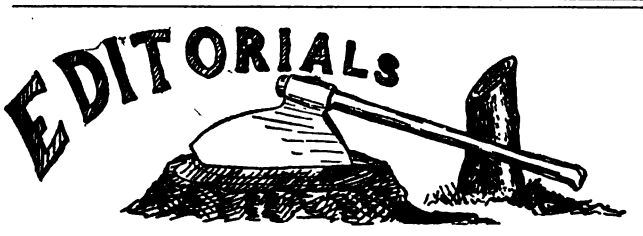


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All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

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## Work.

Work is the great factor of this period of our age. Without work little or nothing can be accomplished and the individual who expects to gain a livlihood or a reputation without work is surely wrong in his reckon ing. "You can get nothing for nothing" is a saying as true as any which was ever enunciated and this certainly implies that to obtain anything work is absolutely necessary. It may be objected that there exist certain individuals who "toil not neither do they spin, yet Solomon in all his glory" was no match for them. This may be true in a modified sense; for, if work had not produced that which has been the cause of their condition, they would be sorry specimens indeed, if they expected not to toil. Moreover, when the purse is emptied—for the longest one has a bottom—we find that it is a problem reduced to its most simple factors. It is simply a case of work or starve. Every station in life is amenable to the universal law requiring work, from the humble day laborer who handles a pick and spade, to the most scientific man who handles his brains. The honest man may use his muscles and his brains, but the sharper, thief and confidence man is equally bound to use the one or the other. It was written, if we are to believe the Scriptures, that man should earn his living by the sweat of the brow, and observation shows us that this is one of the inevitable accompaniments of life.

There is no profession in which more work of a continuous character is demanded than in that of medicine. Work is required before its study is taken up in order to be properly fitted to obtain a clear understanding of the principles which are enunciated. This must be followed up by serious work of the most arduous character in the laboratory and lecture room. Yet, all this is as naught to the work which follows. As soon as the practice is taken up we have a still more onerous task presented. Not only is it absolutely necessary to obtain good results so far as the treatment of diseases and conditions is concerned, but the confidence and good will of patients and their friends must likewise be gained. Here a double task is imposed and neither can be accomplished without work of a most serious character. After having accomplished this much it is further necessary to continue toiling not only to increase the advantage gained, but even to retain it. This does not simply imply the activity of commercial enterprise, but it implies as well, industry in the attainment of more proficiency, the study of each individual case, not only from a pathological standpoint but socially as well. The physician should be as much a student of human nature as of abnormal processes; he should inquire into the motives and passions which actuate men and women as well as into the vital processes which control and affect the functions of their organs.

One of the evils attendant upon the acquirement of a diploma is the idea upon the part of many who have succeeded in this that they have thereby become beings of a superior order. They fondly imagine that they are so far above the "common herd" that the smallest approach to manual labor is degrading to them. They become imbued with the further delusion that they must impress their superiority upon all those with whom they come in contact. The results of such a course of action may be easily seen. These self-admirers become inflated with their own supposed greatness and become supercilious without being dignified,

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insulting instead of courteous, and lazy instead of industrious. Self assertion is mistaken for erudition and, on the whole they cut a very sorry figure. *Facilis descensus Averno;* the very aim it was intended to promote by the methods we have hinted at, have merely been destroyed and the aspirant to medical honors and emoluments find himself solitary in the midst of a multitude. To gain the good will, if not the applause, of his confreres he must become a co-laborer in the great field of medicine and this implies earnest and continuous work of a serious character. The physician who is desirous of making his mark in the scientific world must labor incessantly to attain this end. He who is desirous of promoting his financial interests will find that it is absolutely necessary to work, and work hard. In fact there is no object that is attainable which does not acquire exertion to obtain it, and this exertion cannot be relegated to others but must be personal and it must be persistent. It is like the continual accretions imperceptibly made in the ocean by those minute workers the coral-workers which finally result in the formidable reefs which are such a terror to the mariner. It is work, work, work, and it must be tempered so as not to lead the worker into those quicksands of physical and mental wear which ultimately lead to a complete breakdown.

The successful physician has always been a worker and he remains such as long as he continues to remain in harness. He may take a vacation and yet this alleged rest is one under which he chafes and in which he probably works as much as ever. He has acquired the "habit" of work and do what he will he cannot shake it off. He is always active, If he be a writing man he is always employing his spare moments and robbing himself of rest, if need be, to devote himself to elaborating articles in which are embodied the fruits of his skill, study, and research. Rest is something unknown to him and yet he has time to spare to devote to his family and friends. Those who idle wonder how he can accomplish all that he does and the secret is a very simple one—system. Everything is done systematically, but it is done. A little work done every day will accomplish much and the resulting achievement is proportionately great.

We do not wish to omit a mention of that class which contains the hardest workers in the profession and we are pained to say, the most poorly paid. The country practitioner is always working. He knows no peace, day or night. He has not a moment he may call his own and he is forced to undergo a life of hardship and dreary existence for a mere pittance. His services are never estimated at their true worth and his more favored city brother is but too apt to look down upon him, when as a mere matter of fact he is devoting more than one-half his time, energies and attainments to the cause of charity very often at a financial sacrifice and to the detriment of himself and family. A closer acquaintance with the true life of the country doctor is what his city brethren need and they will then be more ready to honor the sturdy and rugged honesty of him who is ready to answer the call of those who need his services be they the pampered sons of luxury or the miserable victims of adversity.

There is another worker in the field of medicine to whom we wish to call the attention of our readers. It is the the plodder who is often blamed for a slight and unintentional error, whose good works pass by unnoticed as they are expected of him as a matter of course. We refer to the editors of medical journals and by these we mean those who are conscientious and endeavor to produce medical journals and not merely excuses bearing that name. The editor knows no holiday; sickness must not be taken into consideration; he must be alert and ever ready to defend the members of his profession. He must be ready to keep them informed not only of current events and of the latest advances in medicine and surgery, but he must be able to recognize danger from afar off and sound a timely note of warning. He must be unprejudiced and just. In fact, he is supposed to be above the petty follies and foibles of human nature. Whilst this is impossible, the true pilot of a medical periodical must guide his vessel in a straightforward course and never resort to tacking in order to cover blunders. When these are committed the consequences must be borne, for readers are not entirely filled with the milk of charity and they cannot realize that any one who endeavors to pose as a guide should be vaccillating or unreliable. Undoubtedly, this is the right view but it entails a larger amount of work upon the poor editor and brings grey hairs prematurely to his youthful head or increases the wrinkles in his furrowed brow just as he happens to be advanced in years and wickedness, for all editors are born wicked.

In conclusion we desire to urge all of our readers to help us in our work by doing a little for us in the way of sending us short, practical articles. We know that this is imposing an additional burden upon them, but we are sure that it is such a slight one in each individual case that it will be more than counterbalanced by the pleasure experienced in reading the contributions of others. To all of our readers we desire to express the wish that the work of the past year has been profitable and that that of the coming one will be more so. We are certain that each and every one has done his share and we fondly hope and it is our profound wish that such earnest and assiduous work will enable each one to enjoy A MERRY CHRISTMAS.

## The Cesarean Section.

That conservative action on the part of the medical profession is always desirable in those cases in which some beneficial result may be obtained is obvious. It is not always apparent that radical measures are in reality conservative in their scope, but a little thought devoted to the matter will readily make this understood. Thus, craniotomy on the living fetus, in cases of contracted pelvis or deformed bony outlet is no longer

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regarded as the proper procedure to employ as, at best, the child is inevitably killed. Not only, this but the life of the mother is endangered and the statistics of craniotomy are very discouraging, when we consider the large proportionate mortality of both mother and child. At the late meeting of the Southern Surgical and Gynecological Society, Dr. Cornelius Kollock spoke very decidedly against craniotomy.

He said this operation implied the death of the fetus and a frightful mutilation of its body, often accompanied by serious lacerations of the vagina and adjacent tissues of the mother. Recent advances in obstetrics, gynecology and abdominal surgery contribute lsrgely to a demonstration of the fact that a timely resort to Cesarean section in pelvic obstruction is the great factor to success. In Germany, out of 149 cases of contracted pelvis, 109 mothers and 186 children were saved. If craniotomy had been done in those cases 149 children would have been destroyed and probably fifty women—perhaps more, making a sacrifice of at least 199 lives. In many of these cases exhaustion had supervened and septic influence had already been excited. This, added to a tardy disposition to union by first intention, caused by contusion of the parts involved in the uterine incision, lessened materially the woman's chances for recovery. Zweiffel was successful in twenty-nine cases out of thirty; Schauta did Cesarean section fifteen times without a single death. Recently in eighteen operations done in Louisiana fourteen were successful. Of eight in Ohio six were successful. Dr. Price has done Cesarean section a number of times successfully. Dr. Kollock is firmly convinced that eighty-five or ninety-five per cent of the cases of obstruction of the pelvis forbidding the delivery of the fetus in the natural way, might be saved by a timely resort to the Cesarean section.

**Medical Societies** are certainly indispensable at this day. As Dr. Henry Hun says (Albany *Medical Annals*) the medical society, as a means of bringing about and maintaing a good feeling towards, and a correct estimate of the ability of other practitioners, may serve a very useful purpose. We all not infrequently hear from patients very distorted accounts of the sayings and doings of other practitioners and we often see cases in an advanced stage of a disease when diagnosis is really very easy that we think should have been recognized by other physicians earlier, and finally we sometimes hear criticisms of ourselves put in the mouths of physicians who either never said them or said them in an entirely different spirit from that in which they are reported. From these causes there is gradually built up in us on very uncertain foundations a distrust of and contempt for many of our fellow practitioners. If in a medical society we hear one of these same physicians read a paper we can form a truer estimate of his ability and f in the course of a discussion he opens our eyes to an error, in which we believed, our contempt for him disappears. Doctors cannot set themselves right with each other by free and open discussion, as lawyers do in court, or clergymen in the pulpit, or literary men in print. The nearest approach which they can have to such a discussion before a wide tribunal is in a medical society, and surely if it were only for the promotion of good fellowship among doctors, a medical society would be worthy of cordial support.

Of course it is undoubtedly true that after a hard day's work it is more comfortable to remain at home or give one-self up to enjoyment rather than prepare a paper for or attend a meeting of the society. A busy practitioner in full practice may think himself excusable if he does nothing else but attend to his practice and gives up the study of scientific medicine. But he cannot very well do this. If he attempts it he will steadily become a less and less competent physician, he will find that his practice is dwindling and that his patients are going to other and better informed physicians.

**Acatalepsia.**—In looking over a medical dictionary the other day we came across a new yet very common disease—perhaps we had better say a novel and valuable name for a distressingly frequent malady—acatalepsia, uncertainty of diagnosis (*South. Cal. Pract.*). Over a hospital, not a thousand miles from the land of eternal spring, once on a time there was a physician who was a firm believer in and practitioner of vigorous English. Sometimes there would knock at the doors of this institution a person afflicted with a disease which the doctor could not diagnose. Upon the records it would quite likely be found that such an individual would be registered under the famous General Debility, but when the honest doctor was asked by his confreres what was the matter he usually replied in such cases, "Damfino." "The world do move," however, and thanks to the beauties of the Greek tongue a word has been coined which fills a long felt want and enables the doctor to calmly tell the patient he does not know what the matter is, and at the same time do it in such a way as to increase the patient's belief in the profundity of his knowledge. How very common this trouble is only the doctor knows. It is often fatal even, but we rarely see it in the mortuary reports. In such cases we would suggest that the death certificate be made out thus: primary cause, heart failure; secondary cause, acatalepsia. This would be much more taking if not so striking as "lack of breath" and "damfino."

We are of the opinion that the dictionary man was very like the boy in the college yarn who hit upon the truth without knowing it. The irate pedagogue, so runs the tale, inquired of his pupils the meaning of *nescio* and received a shake of the head from all but the last who in despair exclaimed, "I don't know." So hereafter uncertainty of diagnosis and what is still better prognosis can be scientifically and euphemistically dubbed acatalepsia. What a fine and sonorous name, too, to give to the distressing maladies of the hypos

and malingerers. Then again an acataleptic convulsion would be so much more aristocratic than a conniption fit.

But seriously, it is to be hoped that the future may do two things, increase knowledge and increase modesty, that improved facilities may better equip the diagnostician and give him the courage to say "I don't know." Indeed the good doctor often acknowledges intelligent ignorance. It is the laity who must go through a campaign of education in order that they may appreciate the fact that it is a condition which faces the physician, and that he is managing a case intelligently who meets indications as they arise and awaits development before committing himself as to the nature of the disease. In medicine instead of the "name it and you can have it," it is more likely "you've got 'em" and "what is it."

In the ceaseless round of routine business one is tempted to observe superficialy and write carelessly, if at all. In the early records of the aforesaid institution the writer found thirty-one cases booked as *paralysis*, fifteen as dropsy and twenty deaths due to unknown causes. The habit of case-taking would be a delightful custom to fall into, as nothing tends more to truthfulness than the knowledge that what we say is to be put down in black and white.

Another vice fortunately fast dying out is suggested by this word—that of using high sounding names for comman things. If gurgling of wind in the intestines is borborygmus no wonder the baby squalls, it would only fret if it were troubled with flatulence.

**Quite Funny** is what it is regarded by the New England *Medical Monthly*. It states editorially, and means it too, that *Merck's Bulletin* is not doing the right thing. It goes on to say that *Merck's Bulletin* is a trade journal issued by the house of the well-known chemist, E. Merck. It is published in the interests and for the benefit of the chemical house after which it is named. It is published in New York City, and it is edited by Dr. William H. Porter, an eminent practitioner and physiological chemist of that city. It is more than passing strange that a man of such ability should accept, even for money, the chief editorship of a trade journal.

That it is a trade journal is evidenced by the fact, that on pages 599 to 613 inclusive, of the October number will be found a descriptive price list of "specific lights on the materia medica" (*sic*) from the latest reports most, if not quite all, are manufactured by E. Merck. That this is contrary to the postal laws of the United Staaes, no one who is at all familiar with them will for a moment deny as they will be recognized at once as a price list of preparations of E. Merck's manufacture. That it is published in the interests of this manufactory, is evidenced by the quotation placed at the head of each page of the list as follows: "Note. No reprint or extract from this table permissible without our authorization. The *Merck's Bulletin* Company."

Regular medical journals do not put an embargo on anything contained within their pages, but *Merck's Bulletin*, edited by the eminent New York practitioner, does.

That *Merck's Bulletin* is struggling for recognition and a subscription list among the medical profession of America, is shown by the repeated and frantic appeals made both by letters written to the profession and the very liberal distribution of sample copies to them. This latter is so free that no less than three copies have been received at this office within two day's time.

In looking over the pages of *Merck's Bulletin* we notice many other firms of manufacturing chemists are aiding *Merck's Bulletin* Company in issuing so liberally this journal, by taking liberal advertising space, among whom are many proprietors of patented proprietary or trade mark preparations. We also note the scoring which the talented editor from New York gives these same preparations in an editorial in this the October number, while the doctors who use them are taken across the editorial knee and spanked editorially, for daring to use them, it naturally being inferred (but not so stated) that E. Merck makes all that any doctor should dare to use, at a price a little more than any one else charges.

**German Physicians and Surgeons** in their own country, are the most pronounced in the profession on the subject of antiseptic treatment of disease, and antiseptic surgery. They have outdone Lister manyfold, in their attention to aseptic and antiseptic precautions (*Post-Graduate*). Their invention of antiseptic applications, and their attention during operations, in the way of dress and sterilizing apparatus, to all the details that tend to the destruction of bacilli, are to some even painfully painstaking and minute. Yet, with all the theory and practice of the profession, in Germany, on this subject, the people are far behind the English (we won't say the Americans, lest we be suspected of egotism) in real sanitary science. The sewerage of their towns is notoriously defective. The smells that come from their narrow streets, are appalling even to a New Yorker who may be supposed to be pretty thoroughly accustomed to smells and dirt. And the arrangement of their domestic hygiene, in their great buildings, in their hotels, especially as to baths and lavatories, leaves very much to be desired. In other words, unpleasant as it may sound, the English race, as it appears to the average traveler, is a much cleaner one than the German, although the latter is far more scientific.

**The "Social Evil" Question** is handled without gloves by the Atlanta *Medical and Surgical Journal* which says: Every now and then in the city of Atlanta the Rev. Mr. Norcross and a few other old ladies undertake a crusade against prostitution. They would have the city abolish certain houses which, now exist

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by legal permission, and they imagine that by so doing the cause of personal purity and virtue which they espouse would be greatly advanced. Their mental myopia will enable them to see only this delectable condition as the result of their pious labors. But in the innocence of their virtuous souls there is one aspect of the matter which they apparently have not considered and it is with reference to that that we wish to speak.

At the risk of shocking certain sensitive natures we may say that prostitution is a necessary evil. It has always existed; it will always exist, at least until we approach much nearer the millennium than we appear to be at present. Not until man's nature and the present condition of society undergoes a radical change need we expect to see the disappearance of this universal evil.

**The Effects of Alcohol** are indeed pernicious if we are to place any reliance in the deductions of those who have studied the subject. M. Lancereaux concludes his observations on the effect of alcohol and the progeny of the drunkard by saying that alcoholic liquors, such as are now consumed, prevent the most important and noble faculties of the man who abuses them, they disturb his nutrition, they make him old before his time; nay, more, they affect his progeny, whom they change and often kill. It is fortunate for mankind, that while the descendants of the good continue to enjoy the advantage derived from their forefathers for centuries, "The sins of the fathers are visited upon the children 'only' to the third or fourth degeneration" The unhappy tendencies of the father are transmitted to the children, but a stop is put to the wide degeneration of the race which might otherwise occur by the fact that alcoholism tends to lessen reproduction as well as to increase mortality. Sterility may affect those who have acquired intemperate habits as well as the descendants of such persons, and the children when born, being very liable to disease, the family is likely to die out.

**Public Urinals are a Public Necessity** according to the *Doctor's Weekly* which says that fifteen thousand dollars is a conservative estimate of the amount of money spent each day in the liquor saloons of the city of New York by persons who would not patronize such places but for the privilege obtained thereby of using the urinals found therein. From personal observation we are inclined to regard these figures as much too low. There are only a few public urinals in the city and they are inconveniently located, yet they are crowded at all hours of the day. We have never been able to understand why the municipal authorities of this and all other large American cities have not made some effort to supply this long-felt want. Our temperance and sanitary friends ought to feel called upon to agitate the subject. They could easily get together such facts and figures as would convince the most indifferent member of our Health Board that the erection of public urinals would contribute greatly to the health, comfort and convenience of our citizens, to say nothing of the thousands of dollars kept out of the till of the rumseller.

**Help for the Pan-American Congress** is certainly needful and the medical press of this country is advocating governmental aid in no uncertain terms. The *Medical Record* says: When the International Medical Congress was held in Washington, five years ago, the National Government, if we recollect correctly, appropriated a modest sum to aid in entertaining the visitors and sustaining the work of the Congress. This courtesy has been extended by nearly all the governments and municipalities in the countries where the meetings have been held.

It is establishing no precedent, therefore, when the representatives of the Pan-American Medical Congress ask for some aid. This Congress could be made of much more practical, public value to the United States in many ways, than could an International Congress. For it will bring together men best versed in the sanitary conditions of the Southern Republics; men also of liberal education, whose knowledge of, and sympathy with, our institutions would lead to closer fraternal feelings, as well as indirectly to commercial benefits. The better Pan-Americans know each other, the better it will be for this Western hemisphere, and the proposed Congress will form a factor of great public importance as well as of technical interest.

Again, Washington, as a city, is unable to extend the municipal hospitalities on the scale demanded by great meetings, and Congress has in a great measure assumed municipal functions in the District of Columbia. Hence, as representing the city, it ought to deal generously by its American guests. There is no subsidy in this, any more than when any city government helps along great meetings and demonstrations for the public good.

We note that some of our medical societies have passed resolutions praying Congress to make an appropriation to defray some of the expenses of the All-American meeting. Such action should be imitated all over the country. But in addition, the societies should see to it that their Congressmen are directly appealed to. The passing of resolutions by a county medical society will of itself have about as much effect on the average Congressman as one rhubarb pill on a very constipated elephant.

**A Practical Hint.**—The following appears in an exchange: It may be that at some time or other somebody who is examining the exposed intestines may wish to know which end leads to the stomach. Nothnagel says that if a crystal of sodium carbonate be applied to the peritonial coat, a contraction passing toward the stomach will ensue. To make this of practical value, cut this item out and put it with a soda crystal in your pocket-book.

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**Some of the Rarer Forms of Fracture and Dislocation**—Mr. John Ernest Moffitt reports as follows (Australasian *Med. Gaz.*): From long residence in hospitals I may, perhaps, without any attempt at egotism, lay claim to a closer acquaintance with the rarer kinds of fractures than my brother medicos in private practice. While in city hospitals I saw a great many more cases of this description than I do now. I can remember while at the Sydney Hospital once seeing that very rare form of fracture, viz., fracture of the neck of the scapula. I regret that I am unable to give any particulars of this very interesting case, but perhaps the following may be acceptable:

No. I. Fracture of Ulna.—T. W., a Norwegian came to me on the 9th Semptember, saying he was sent by a medical man. He told me he had been struck by another man on the forearm. He complained of much pain and tenderness in the region of the wrist, and could scarcely bear me to touch it. There was no swelling whatever, although the accident had happened some time previously. He spoke English badly, but from what I could gather, he must have been struck directly over the inner side of forearm a little above the wrist. Upon pressing with my thumb over lower end of ulna I detected crepitus in that bone about three inches above wrist joint. I put a flat splint along front side of forearm, and at the end of a fortnight, when taking it down, found the ends of the bone united, and distinct callous poured out around it about three inches above wrist. The interest in this case was the total absence of all swelling or bruising, while at the same time it was extremely tender.

No. II. Fracture of Fifth Metacarpal Bone—D. W., a young man, aged 25, came to me a few days with an injured hand. He stated that he was "sparring" with a man in fun, and instead of striking the man, brought his hand into sharp contact with the wall. There was swelling over the fifth metacarpal bone midway between the carpal and phalangeal ends. There was also great tenderness upon moving the bone, upon doing which I could detect crepitus and feel an unevenness over the part corresponding to the swelling. This was a fracture due to direct violence, the hard wall evidently coming into contact with the bone midway between both ends. I put it up in a flat hand splint specially shaped to accommodate the hand on its palmar surface. In addition to this I placed a small finger splint over the bone of the hand opposite the seat of fracture.

No. III. Dislocation of Knee.—Duriug the past three years I haye seen two cases of dislocation of the knee joint, and strange to say they happened to father and son. About two years and a half ago the father, a man of 47 years, came to me with his knee dislocated, caused by meeting with an accident while ploughing on his farm, the horses bolting and dragging him along. The dislocation was reduced easily under chloroform and the limb placed on a back splint. He was able to leave after being 26 days in hospital.

In June last the son, a lad of 12, was brought to me, and on examination I found him suffering from a lateral dislocation of the knee. The parents told me he had been trying to unload a cart of potatoes, and in moving the supports placed under the shafts, the cart slipped down upon his leg. There was a great amount of swelling, and the end of the femur was almost protruding through the skin. We found it impossible to reduce it without chloroform, and after the administration of the anesthetic we again failed to get it back by the ordinary means. It caused much anxiety, especially as every moment it threatened to become compound. Finally the pulleys were resorted to, and after using them carefully for half an hour or thereabouts, we managed to successfully reduce it. The patient was put to bed and the leg placed between sand bags. Cooling lotions were applied to the much swollen joint. In 68 days he was able to leave the hospital with the leg encased in a stiff leather apparatus. He now goes about with crutches, but there is fair movement in the joint and he does not complain of much inconvenience.

The special point of interest attaching to these two cases is the rarity o f this kind of accident, and the fact that it should have happened to father and son. The father made a splendid recovery and now feels no inconvenience. The son's accident was more severe, thus rendering convalescence tedious.

**Cantharides in the Treatment of Albuminuria.**—M. Lancereux reports to the Academie the results obtaiued from the administration of cantharidin in the treatment of albuminuria accompanied by symptoms of epithelial nephritis (*Ex*). The author reported on thirty six cases thus treated, from 6 to 12 drops of the medicament being administered daily. The results were remarkable, anasarca disappearing rapidly, and the urinary functions being re established as if by magic. This treatment is not new, having been suggested by Boyer and Grisolle several years ago. In the opinion of Lecorche, Talamon, Germain See, and Dujardin-Beaumetz, the dangers of the use of this powerful renal intoxicant are far greater than the benefits to be obtained or hoped for.

**Leprosy Improved by Treatment.**—Dr. Phineas Abraham re-exhibited a lad whom he had shown last year suffering from leprosy, which had improved under treatment (*Lancet*). The diagnosis had been confirmed on his arrival from Demerara, and since then there had been a marked retrogression in the manifestations of the disease. He had had chaulmogra oil,

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plasters of chrysarobic acid had been applied locally, and at present he was taking cod-liver oil together with sixteen grains daily of gynocardate of magnesia.

The President, Mr. Hutchinson, referred to several cases under his care which he had treated on a simple plan with nux vomica, small doses of arsenic, together with a plentiful nutritious diet, and all had improved. He had very little faith in the drugs used, and believed the more important factors to be the climate and the diet. All the cases he believed to be absolutely non-contagious.

Dr. Heron said that those who believed the disease to be contagious had asserted that it always spread from those who had open sores, which had never been the case with the patient under discussion. He doubted if there was at present any evidence of medical treatment being of material value in the cure of leprosy.

**Antiseptics in Typhoid Fever.**—In an article on the etiology, pathology and treatment of typhoid fever (*Am. Pract. and News*), Dr. J. Fulton Purdom says: The indications for treatment are clear. First, an antiseptic which will neither be absorbed by the stomach nor have its antiseptic properties neutralized by the gastric juice. Antiseptics that are absorbed by the stomach need no comment further than to say they never reach the bacillus, and can be of service only in so far as they improve the condition of the stomach for the reception of nourishment. From clinical observation we are fully satisfied that Listerine in teaspoonful doses, repeated as required, improves the condition of the stomach for the reception of nourishment, and if all the Listerine is not absorbed by the stomach it assists the action of the intestinal antiseptics.

We are willing to be regarded as a strong advocate of the use of a reasonable amount of alcoholic stimulants from beginning of treatment, believing that, alcohol being a diffusible stimulant, improves the assimilative functions and retards tissue waste by neutralizing to some extent the action of the ptomaine. The necessary amount of alcohol can be determined only by its effect. When given in excess it will ne cessarily disturb the action of the stomach, and to that degree hinder the nourishment of the patient. At all times before taking anything into the stomach the patient should rinse the mouth with equal parts of Listerine and boiled water, for it renders him more comfortable and keeps the stomach in better condition.

**Suppuration of Antrum of Highmore.**—Dr. Lewis C. Cline in a paper on this subject (*Ind. Med. Jour.*), says that when the case is chronic, there should be an opening made at the most dependent portion of the sinus.

His practice has been to drill through the alveolus with a drill, run by an electro-motor, and then inserting a silver tube, made from coiled wire. Where there is no dental complication, the opening may be made just below the gingivo-labial fold, between the upper portion of the root of the second bicuspid and first molar tooth, directing the drill upward and backward at an angle of forty-five degrees.

But if a tooth is in any way involved, it should at once be removed and the opening made from below. In either case, the opening should be sufficient in size to admit of free cleansing and washing out of the antrum.

A tube of sufficient length to enter the antrum should be neatly fitted, and guarded from entering the sinus by a shield of rubber, or bending the wire so as to form a shoulder near the end, sufficient to prevent it from entering the cavity.

The after-treatment consists of daily, or twice daily, washing out the cavity, first with peroxide of hydrogen followed by a slightly alkaline or carbolized water in sufficient quantity to thoroughly cleanse the cavity; this may be followed with a bichloride solution, 1 to 2000. Then, every second or third day, inject a sufficient amount to thoroughly cover the surface, of one of the following solutions, as the case may seem to indicate: saturated solution boric acid; ten to twenty drops of iodine tincture to two drachms of distilled water; sulph. zinc, five to ten grains to the ounce; nitrate of silver five to twenty grains to the ounce. Iodoform or aristol may be used in the strength of twenty grains to an ounce of oil of sweet almonds. Of these he likes an occasional injection of nitrate of silver, or of iodine of sufficient strength to make a local impression.

**Strychnine in Cholera.**—Dr. T. French-Mullen writes to the *Indian Medical Gazette* says the *College and Clinical Record* that he has used hypodermic injections of strychnine in some hundreds of cases of cholera within the last four months, and with very satisfactory results. He used the drug in every case where collapse seemed approaching or had set in, the dose being five minims of liquor strychninæ in an equal quantity of water. As his cases were almost all seen in their houses, and there were so many to be visited, it was, as a rule, only possible to give two injections in the day to any one case, that is, when on the morning and evening rounds. He gave, however, five injections in the twenty-four hours, and two more during the following twelve hours, in the case of a prisoner where the effects could be watched, and has no doubt the man owed his recovery to this remedy. When the urinary secretion had not been re established within twelve hours or so of the cessation of the other symptoms, he used hypodermic injections of pilocarpine with, in many cases, marked success, the urine being passed within less than five minutes after the use of the syringe.

**The Mechanical Treatment of Erysipelas.**—Dr. Herman Kraell calls attention to his method of treating erysipelas (*Ex*). He believes that the bacilli are much hindred in their progress when they encounter the firmer portions of the skin. With this in view

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he made use of an elastic band, encircling the head with it at the edge of the hair. In only one of his cases did the erysipelas extend upward beyond this barrier. The elastic must press quite firmly against the head. The disease may then spread over the whole face without extending into the hair at all. The speading being thus prevented, the fever will last till the life process of the strepotcocci is over. The band must not be removed at once upon the cessation of fever, but be retained until the swelling and bluish red color have disappeared from the artificial border.

Many patients find the band very unpleasant, but one who, on a former occasion, had the disease spread all over the head, declared that the tension was not to be compared with that produced by the disease itself.

One woman carried for some time a red line across her forehead where the diseased area had pressed against the band.

**Ethereal Preparations in Dermatology.**—The officinal formulas of outward applications include emplastra, various liniments of alcoholic, saponaceous, or oleaginous composition, and certain fatty unguents. Of these medicaments for enepidermic use, the oily liniments and ointments are probably the most active, because of their easy admixture with the sebaceous secretion of the human skin. Sir James Sawyer draws attention (*Bull. Phar.*) to the advantages of ether as a menstruum for the preparation of remedies which are designed to act through the skin. In practice there are at least three separate obstacles to the absorption of a medicine through the skin, namely, the fatty sebaceous secretion, the epidermis, and the insolubility of the drug. Ether is a good solvent of the active principles of many drugs, a ready solvent of the fatty constituents of the sebaceous secretion of the skin, and is quickly absorbed. Sawyer has therefore proposed and used several ethereal tinctures for dermal employment (belladonna, capsicum, iodine, and menthol), and believes that physicians and pharmacists will find other useful developments of ethereal preparations as remedies applied to the skin.

**Smoke for Tubercular Phthisis.**—Dr. W. C. Albertson has the honor of introducing a new method in the treatment of pulmonary tuberculosis,(*The Doctor*). He speaks of the antiseptic and penetrating qualities of smoke; claims that it does no harm to the most delicate mucous membrane, and recommends it as an efficient agent in bacillar phthisis. He takes beechwood sawdust, mixes it with some harmless quick-burning substance (tobacco?), and directs his patients to smoke it in an ordinary clay pipe. The treatment is continued from two to six months. Improvement is manifest after two or three weeks. At first the smoking causes cough, with increase of power to eject sputa. Both cough and expectoration then decrease until they cease. The weight increases. The temperature soon falls, but the pulse remains rapid to the last. At first the smoking is continued for but a few minutes, but the time is increased to forty minutes, and the smoking repeated two or three times a day. Eucalyptol and other drugs could be used on the sawdust. The idea might further be utilized in the treatment of diphtheria.

**Treatment of Relapses in Some Infectious Diseases.**—Dr. L. Cattiaux states (*Merck's Bulletin*), in principle, the treatment applicable to relapse in a case of any infectious disease does not differ from the treatment of the first attack. It is necessary, therefore, to act in presence of the second case as we should act in presence of a first infection.

But the same rule does not hold in respect to prophylactic treatment. In certain cases of recurring erysipelas, for example, especial importance should be attached to the employment of measures of local disinfection. This remark is applicable alike in cases of diphtheria, cholera, etc. The practitioners ought, as a rule, to insist on the *complete disinfection* of the patient, and of the objects which surround him, not only in the interest of surrounding persons, but also in the interest of the patient himself.

It is necessary to insist on this consideration, especially in the presence of other patients, who are much more preoccupied about their own interests than about those of others. Their egotism may conduce to the general prophylaxis; but this local disinfection is not the only preservative means to be employed.

When it is a question of diseases which are rarely followed by relapses, the only preventive treatment to be adopted is a series of hygienic measures. Persons must not imagine that protection is obtained once for all time because they have been vaccinated. Physical over-fatigue must be avoided; in short, all the precautions which prudence dictates in order to avoid a first attack should be taken.

**Inflammation of the Vermiform Appendix in Children.**—This disease, to which so much attention has been accorded of late years, is especially common during childhood. Bland Sutton has demonstrated the marked anatomical similarity between the vermiform appendix and the tonsil (N. Y. *Med. Jour*). Both are composed to a large degree of adenoid tissue. Inflammation of the appendix, both simple and suppurative, bears a striking resemblance in its anatomical characters to simple and suppurative amygdalitis. This peculiarity may account for the tendency of the disease to recur, especially in the young. Sutherland, in the *British Medical Journal*, calls attention to the close relationship that often seems to exist in children between inflammation of the appendix and the uric acid diathesis. He has frequently found excessive quantities of uric-acid and oxalates in the urine of children suffering from such inflammation. He refers to the calculi found in the appendix, but is not acquainted with their chemical composition. It would be interesting to know whether they are the same in character as the concre-

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tions frequently found in the crypts of the tonsillar follicles.

In a recent discussion at the New York Academy of Medicine, Dr. Lewis A. Stimson laid stress upon the frequency of recurrence, particularly in children, and upon the grave error of concluding that. because the patient has recovered from an attack, he has been cured of his disease. It had been his experience that in young subjects the disease frequently occured without fever and with little or no local pain, and that suppuration, when it took place, was apt to be diffuse. Dr. Charles McBurney said that general symptoms, especially the state of the pulse and temperature, were frequently misleading. and that the local signs were of far more importance, especially localized pain. It is undoubtedly a fact that pus forms earlier in children than in adults. A chill is rare, and the whole course of the disease may be passed with but slight elevation of temperature. Indications for surgical interference can not be formulated with certainty. Any measure adopted as a last resort is certain to fail in many cases and fall into disrepute. An operation, to be successful, must be done early. It is now the opinion of many surgeons of the highest repute that when it has been decided that a process is present that is prone to end in the formation of pus the time has arrived to operate.

**Defective Management.**—At a recent meeting of the Municipal Council, M. Charles Lament called attention to what he considers serious defects in the direction of the Paris hospitals. He says the subordinate officials were drunken while the superior officers shirked their work. The officers attached to the hospitals had not during the cholera epidemic curtailed their autumn holidays. M. Charles Pean spoke in the same sense, and M. Dubois said a cholera patient had been placed in a general ward and had transmitted his disease to some of the other patients. He also alleged that at the Hotel Dieu the cholera ward is close to the maternity ward. M. Peyrin is rarely or never blamed by the Municipal Council, the Prefect of the Seine constantly. M. Peyrin did not seem to appreciate the change.

**Helonia Tablets.**—Dr. Theo. S. Jennings, of Louisville, Ky., writing to the North Chemical Co., New York, says: The Helonia Tablets received from your house have been used in my practice and given perfect satisfaction. I do not know any better way to express the result than to give you the words of Mrs. B., after using them ten days. "Those last tablets you gave me are wonderful things they seem to gather more mucus from me than I ever knew was in me, and they have taken away that heavy feeling I have always had about my womb since my last babe was born three years ago. I believe you struck a remedy for my trouble in those tablets." I have also had good results in all cases where they have been used as directed. Will continue to use them in my practice. Samples will be mailed free to physicians on applications. See p. ix.

## Quinine in Hard Croupus Breathing.

Editor MEDICAL REVIEW.—I will report a disease we have had here at times for over a year; it is confined to children between the ages of ten months and five years. They commence to breathe just as in croup, but they have no trouble in eating or swallowing anything up to to the time they die. They all died at first from twenty-four to forty-eight hours after taking the hard breathing. As a rule, they have no fever; everybody calls it croup. Physicians in this vicinity lost every case at first, after giving calomel in large and small doses, ipecac, syr. squills comp., and vesication of the chest and spine with croton oil. I had the little children die with this disease that I was treating; so when a child was taken with this disease which was called "New Croup," they did not expect a doctor to do any good.

I was called to see a case six miles in the country, a little boy of Mr. M., thirteen months old. It had been sick for thirty-six hours and they had vomited it with everything all the good neighbors had recommended. When Mr. M. sent for me one morning about daylight he said his baby had the "New Croup" and to come at once. I could not get there until evening and he sent again and came himself and said he did not expect me to save it but he wanted me to see it anyway. So I arrived at his house at 4 P. M. The child was breathing very hard and just like all those I had seen before they died. The mother and some eight or ten neighbor women asked me what I thought of it. I told them it was just like several I had seen and I thought it would die before 9 P. M. They said they had done everything they had ever heard of and had sent to the neighbors for several miles to know what they did for the croup. The child got worse all the time. I told them if they were willing I would give a different treatment to what any of the children had taken. I told, them, at the same time, that I did not think anything would save it. They said to do anything I liked for they knew it would die anyway, so I measured fifteen grains of quinine and dissolved it in coffee and the child drank it down. In twenty minutes it began to breathe easier. The mother and neighbors began to ask if it was not better. I told them I was afraid to affirm it. In two hours I gave ten grains more of quinine and repeated this every two hours until it had taken forty grains. Then the baby was limber drunk on quinine, but was breathing perfectly easy. It recovered from the quinine in two hours and we gave it three more ten grain doses the next day, and it made a perfect recovery. The sec-

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ond day after this a four year-old boy, taken just like the baby, with hard breathing, was given two fifteen grain doses of quinine in one hour and he was all right. I came home and told a brother physician that had lost two cases of croup and seen several others die with it, about the large doses of quinine and that night he had another case of croup so called and he gave large doses of quinine; his patient had a good recovery. The third day I had a call to a four-year-old girl. The mother told me when I called that her little girl had the croup and there was no use of a doctor for she had seen so many cases in town and all had died in less than forty-eight hours. I told her large doses of quinine would save her girl. She said it made her children so wild and nervous to give little doses of quinine that she gave them salicine to break fevers. I told her it would be better for the child to be wild and nervous than to die. She agreed with me. I gave fifteen grains of quinine sulphate and repeated the dose in one hour and in three hours was sent for. The child was breathing easy but was crazy from the medicine. So we gave her bromide of potassium and coffee and Dover's powders, and she quieted down in a few hours and had no more hard breathing. There has not been a death from this disease since we commenced to give large doses of quinine, and at Beverley, a mining town where I do all the practice for some 500 people, they do not send for me now for this "New Croup." They all have me to dole out large doses of quinine and if one of the children takes the croup they give it large doses of quinine until it breathes easy. One child had to take over one hundred grains before it stopped this hard breathing; but it recovered, and no case has died that had taken these large doses. Furthermore, no case ever got well with any treatment from any physician before I gave Mr. M's baby those large doses of quinine. I can prove all of the above by physicians and patrons. What is it? Let me hear from the editor and subscribers.

Central City, Ky. MASTOID.

## Three Fatal Cases.

Editor MEDICAL REVIEW.—A series of cases came under my care some time ago which were so unique as to lead me to believe that their history would be interesting reading to the majority of the profession. Hence I offer no excuse for their presentation.

CASE I.—I was consulted by T. H., a German male, aged 28; married; family and personal history good. He complained of pain at angle of the jaw on the right side of face, and slight difficulty in swallowing. Examination revealed some enlargement of the parotid gland, with the tonsil somewhat engorged on the corresponding side. Pulse 90, temperature 100° F. Complained of an occasional chilly sensation. I ordered hot fomentations to the glandular enlargement and an astringent gargle for the throat, at the same time giving aconite in small doses internally. I again saw the case the following day. Glands were much enlarged. Marked dyspepsia and slight dyspnea. Temperature 101, pulse 92. Rigors frequent and severe. Enlargement below the ear is hard and pressure causes pain of a severe type.

Ordered a continuation of the hot applications and substituted acetanalide for the aconite. Also gave cognac as a stimulant. The following day dyspepsia was marked. There being no signs of a pointing abscess, I explored with an aspirator. Finding a drop of pus, I incised near the angle of the jaw, and evacuated about ℥ij of peculiarly offensive pus. When I say "offensive" I am using a mild adjective. This procedure gave relief. Temperature and pulse improved and I felt inclined to give a favorable prognosis, but two days later, in spite of every precaution against pus absorption, another rigor came on, immediately followed by intense pain in the right eye. In a short time it was noticed that the eye protruded from the orbit, giving the appearance characteristic of exophthalmic goitre. Temporizing treatment was adopted, and soon the other eye gave exactly the same symptoms. The lids puffy, darkened and so swollen as to become almost completely everted, giving the case a horrible appearance.

I incised freely through and about the lids and a large amount of pus escaped by these openings. About this time the veins of the face and especially of the forehead became greatly distended and knotty. Rigors became frequent and were accompanied by delirium of a low muttering type. Pulse feeble and temperature 102-103.5° F. The facial veins, after remaining turgid for about twenty-four hours, appeared suddenly to have their blood current completely arrested. They even felt doughy, and pressure caused pitting. After the finger was removed the tissues did not come back to their normal shape. An incision into one of these veins showed that they were filled with sanguineo-purulent matter, possessing an execrable odor.

This case from this time presented all the constitutional symptoms of an advanced pyemia. Seven hours of coma was followed by death on the tenth day. I need scarcely add that the treatment adapted in this case aimed throughout to support the patient's strength and to prevent pus absorption.

CASE II.—Occurred in the same neighborhood about a month after the death of Case I. Girl, aged 7, Belgian, good family history. Had not visited the house of patient No. 1. Every symptom detailed above was present with thirty-six hours of onset, in addition to which pus in large quantities exuded from the tonsils. Death resulted on the fourth day.

CASE III.—Boy, aged 11, Belgian. Tubercular history. Symptoms same as above. Treatment, early evacuation of pus and irrigation of cavities with solution acid carbolic 1 40, iron, quinine, and stimulants internally. Death in two days.

Neither parotitis nor tonsilitis are open to such grave complications—at least they would not be apt to occur in three consecutive cases in the practice of one physi-

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cian. The symptoms in all of the cases were so similar, and the order of their appearance so regular that I am inclined to the belief that the disease is distinct and specific. The odor of the pus was as characteristic as is that of the discharge from uterine caneer. In fact it was *sui generis* with a vengeance. I find nothing in text-books to assist me in classifying these cases.

W. E. FAIRFIELD, C.M., M.D.

Wezniock, Brown Co., Wis.

## Case of Hematuria.

Editor MEDICAL REVIEW.—Mr. L. S., aged seventeen, was taken with a chill July 17, 1890. I was called to see him and in giving him the usual prescription (calomel and quinine) he objected to the latter drug on account of the impression it produced. So it was withheld till the third chill when I was forced to give it with the following results: In four hours after two ten-grain doses had been taken, hemorrhage commenced and continued for four hours. Then ceasing to reoccur, the next day, as on the first day, the quinine was taken. The patient had attacks in 1891 and 1892 with the same results as in 1890 only having hematuria after taking quinine and never having it at any other time. I tried to get the patient to take quinine when well to see what affect it would have but I did not succeed. Why did he have the hemorrhage from the kindeys five successive times after taking the drug and at no other time?

Brandywine, Miss. T. T. BAILEY, M D.

**Kilmer's Physician's Pocket Day-Book, Journal and Ledger Combined** has just appeared this being the second edition, revised and improved. It is probably one of the most compact as well as valuable books of its class which has been devised for the use of physicians. It is designed to accommodate 600 running accounts and 1000 unsettled accounts. It is small and handy measuring 7 inches in length, 4½ in width, and ⅞ of an inch in thickness. It has received the unqualified indorsement of a large number of prominent physicians who are all agreed upon the fact that it saves time and labor, a quality which should recommend it to the favorable consideration of all. It is published at the exceedingly low price of $2.00 by S. L. Kilmer, South Bend, Ind.

**Notice.**—As the Antipyrine Folks think the word ANTA-PA-RE-NA is an infringement on the word Antipyrine, we have changed the name of our remedy to AN-TA PA NA, leaving out the syllable RE. The medicine is still the same and will continue to be, and all our new literature will be printed that way, and as long as we have a supply of the old literature this notice will be pasted to every book and the labels will have the RE blotted out. When you want the medicine please call for AN-TA-PA NA. Most Restpectfully Yours, WESTERN CHEMICAL Co., G. L. FOWLER, Secretary.

## St. Louis Medical Society.

Stated meeting held December 17, 1892. President Dorsett in the chair.

Dr. Marks exhibited some extraordinary enlarged Peyer's patches taken from post mortem of typhoid at the City Hospital.

Dr. J. S. B. Alleyne read a paper on "The Therapy of Typhoid Fever." He referred to the usefulness of the antiseptics (in general use) both externally and those indicated internally. He believed that dieting of the typhoid patient was worthy of more consideration and should be done with regularity. He also believed that the patient was too often disturbed by the too frequent administration of medicants and small amounts of nutrition. He believed it a good idea to disturb the patient as little as possible. As to the diarrhea that may be present, he thought it best to check it at once and, if necessary, to give an enema afterward. When a mild cathartic is indicated one-tenth to one twentieth grain of calomel every two hours was to be given. If this should prove too severe opium should be given to check the action.

The antipyretics continually administered were not to be recommended as they lower the temperature only for the time being but do not, as a rule, after the course of the fever. While the cold bath and sponging are not indicated in every case it has done much good in a great many cases.

For the intestinal hemorrhage the opium and lead acetate are regarded as the sheet anchor. The Doctor's paper was received with considerable applause, the points being practical from the very beginning.

Dr. McPheeters agreed with Dr. Alleyne in all he had said; but, as a laxative, he had met with considerable success in the use of magnesia sulphate. He referred to the type of typhoid now existing as having a tendency to relapse. He thought a more generous diet continuously administered was allowable and that the exclusive milk diet was pushed too far.

Dr. Johnston thought the fever the same as in 1842 and 1844—a typho-malarial with nervous tendencies and if the bowels are already empty he did not think it advisable to purge to any extent.

Dr. W. B. Outten produced a patient who was bitten in the hand June 22, last, by a water moccasin and gave an interesting talk on snake bites and the various treatments suggested by the laity. He spoke amusingly of the many times he had told in his lectures and outside how to treat a snake bite by incising and sucking out the wound; but how little experience he must confess

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he and, as he believed, other city physicians, had had in carrying out the modus operandi in fresh snake bite. Not one case has ever come nnder his observation therefore has never incised or sucked for the venom. The patient's self-treatment resulted successfully at the time. He drank, in a short period, two quarts of whiskey, split open six live chickens and put his hand therein (while alive) also applied a bandage midway up the forearm. The Doctor thought that though the treatment was unique it must have certainly been a success and all a physician could do. He apologized for presenting so common a trouble as snake bite appeared to be but thought it quite new to others as it was to him. The patient now has a cellulitis probably due to the bite.

Dr. Broome read a paper relating to Compound Comminuted Fracture and the Hodgen Splint. He referred to the discussion between himself and several other surgeons at the meeting several weeks ago, in regard to the success and ill-success of the Hodgen splint. He had met with considerable ill success which he then explained and at which some practitioners had seen fit to ridicule his ideas which were based on facts and practical experience during his term as surgeon for the Wabash R. R. The Doctor referred to ideal surgery as being the aseptic approximation, immobility of compound comminuted fractures and that these conditions should be produced to insure speedy union which should be in the required number of weeks not months, that it took to produee the results others had obtained. believed that drainage or keeping the wound open unnecessary as long as perfect asepticism had been ob tained. They were considered a thing of the past and not in advanced ideal surgery. The Doctor's paper dealt at length with the treatment and was listened to with considerable interest.

Dr. W. B. Outten asked permission to say a few words feeling that he had been made the theme in Dr. Broome's paper. He spoke of how breaks and lacerations existed in railway surgery; how he had experimented with the ideas of Dr. Broome, only to meet with little success as compared to the true antiseptic method, and how willing he would be to worship any surgeon who would speedily bring asepticism to the standard that antisepticism is. After several pointed remarks and exchange of general compliments the meeting adjonrned.

**The Present Status of Drainage in Surgery** was the title of a paper read before the Southern Surgical and Gynecological Society by Dr. A. M. Cartledge (*Med. Rec.*). The following summary was presented:

1. The principle of artificial drainage in surgery, while very ancient, was imperfectly understood, and was oftentimes as much a factor for evil as for good.

2. Though our knowledge of the principles which govern a healthy generation of wounded structures has greatly advanced, and our progress in wound therapeutics kept pace, we fail to appreciate how artificial drainage can be altogether dispensed with in surgical practice.

3. To lessen the use of artificial drainage it is necessary to thoroughly apply the principles of asepsis and antisepsis, combined witn buried sutures, fixation, and alimentary or systemic drainage.

4. Where from any reason the production of a serum cannot be controlled, its removal by drainage is a safer surgical measure than any attempt at sterilization *in situ*.

5. The time required for primary drainage is from twenty-four to sixty hours;to wait longer is to encourage trouble; to remove sooner than twenty-four hours is taking risks not warranted in the premises.

6. Capillary is to be preferred to tubular drainage in wounds other than those of the large cavities. For this purpose absorbable material should be selected, catgut being the best.

7. Where it is desirable to combine hemostasis and drainage in the same measure, the strips of iodoform gauze, as recommended by Mikulicz, fulfil the most useful purpose.

8. Where natural drainage can be utilized without producing unsightly cicatrices, artificial drainage should be dispensed with; when feasible, combine the two.

9. Wounds involving the brain and cord had best be drained, to avoid mechanical violence to the function of delicate structures by retained serum.

10. Necessity for artificial drainage will most often arise in wounds invading the large cavities; here flexible tubular drains (glass) best meet the requirements, aided or not by materials acting by capillarity.

11. The method of secondary suture after primary wound secretion is over, advised by Cocher, seems to possess no advantage over drains that have to be removed, and certainly is not to be compared in convenience, comfort, etc., to the patient, to absorbable capillary drains.

**Gastrodiaphanoscopy.**—At a meeting of the New York Post-graduate Clinical Society held not long since, Dr. Max Einhorn read an interesting paper on Enteroptosis, or Glenard's Disease. After a clear exposition of Glenard's views, Dr. Einhorn demonstrated by means of the gastrodiaphane some of the conditions found in the disease. Several patients were shown who were suffering from gastroptosis, with or without dilatation. The luminous outlines of the stomach made very evident any changes in its size, shape or position. Dr. Einhorn did not indorse all of Glenard's statements, but believed in giving him credit for calling attention to the condition of enteroptosis, whether his explanations of that condition were correct or not. Several writers in France, Ewald and Virchow in Germany, and Sansoni in Italy, have published articles on the subject, agreeing in the main with Glenard's views. In England and America however, we can recall no mention of the disease in a periodical previous to this paper of Dr. Einhorn's.

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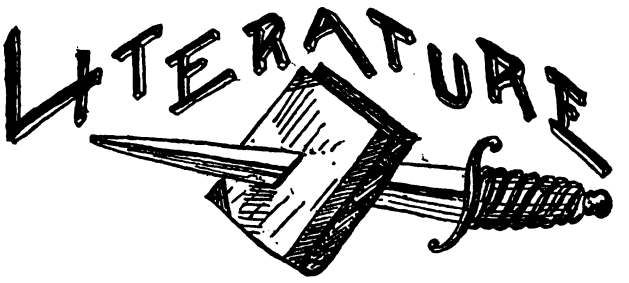


**Text-Book of Ophthalmology.** By Dr. Ernst Fuchs. Authorized Translation from the Second Enlarged and Improved German Edition. By A. Duane, M.D. 8vo., pp. 708. With 178 Illustrations. [New York: D. Appleton and Company. 1892.

The work before us is one which is held in high esteem in Austria and justly so. The author has earned for himself an enviable reputation as an ophthalmologist not only in a scientific point of view but in a practical one as well. He has always been thorough and conscientious in his work as well as honest in the presentation of the results of his experience. A real service has been rendered to the readers of English by the translation of this work. Dr. Duane has done his work in an excellent manner. He has translated the book in a critical manner and the various notes and additions made by him had been submitted to the author and approved by him previous to their publication. This gives them an added authority which increases their value to the reader.

Trachoma, whilst it differs in its clinical characteristics in different forms is described quite accurately. The adthor is inclined to favor the view that trachoma is always of blenorrheal origin an opinion which seems to be gaining ground daily. So far as the treatment is concerned much reliance is placed upon the method of producing an artificial inflammation by means of jequirity. Of course, this is recommended only for those chronic cases of granular lids which seem to have been a *bete noir* to oculists. We are surprised, however, not to find a mention of its treatment by means of the roller forceps, or of the brush and bichloride solution. We would expect the translator to have supplied this deficiency if it had escaped the author.

Optics in its relations to the normal and diseased eye is fully considered. Much stress is laid upon this portion of the subject as it is undoubtedly of the highest importance to have a full knowledge of its principles to be enabled to examine vision in a proper manner, as to understand intelligently many defective conditions which present themselves for investigation and determination. Another portion of the subject which is gone into quite thoroughly is the pathological appearances of various diseased conditions. The manner in which this is presented is both interesting and lucid and forms a valuable complement to the etiological considerations which are gone into by the author with a completeness that leaves nothing unsatisfactory or neglected.

We do not desire to enter into a critical examination of the author's views on the different moot points of ophthalmology, nor would it prove profitable to our readers. To those who make diseases of the eye a specialty it would prove unprofitable as they desire to form their own conclusions and we are certain that they will do so and take the opportunity which is offered of possessing this valuable work. To those who desire a full knowledge of eye diseases in a comparatively small compass we can recommend this book. It will not make them ophthalmolegists; but, it will place them in such a position that they will be able to treat eye diseases rationally and successfully and, at the same time, inform them of those conditions which they had best entrust to abler hands.

The large number of illustrations are well executed and introduced with rare discrimination. The press-work, paper, and binding are unexceptional and of the usual high character maintained by the Appletons in all their publications.

**The Columbia Calendar for 1893** has been received by us. It is provided with blanks for daily memoranda and certainly presents the most practical business and professional calendar for the year. It is issued by the Pope Mfg. Co., of Boston, and it certainly deserves great credit for its liberality in donating this handy desk adjunct. For eight consecutive years, this company has issued what is known as the Columbian Desk Calendar and Stand, consisting of a pad of 366 leaves, one for each day in the year, and one for the entire year.

**The Standard Diary for 1893** has reached us. It is a neat little book bound in morocco and gilt on edge, of vest-pocket size. Besides a deal of useful information for physicians, printed upon the opening pages it contains a space properly dated for each day of the year wherein memoranda may be jotted down. At the end of the booklet provision is made for entering addresses and quite a number of blank leaves added for general memoranda. The McArthur Hypophosphite Co., of Boston, are the originators of this happy idea and any one of our readers may obtain a copy by sending a written request to the firm which is ready to honor such a slight requisition.

**The Physician's Visiting List for 1893** issued by P. Blakiston, Son & Co., of Philadelphia, maintains the high standard which it has kept up for forty-two years, This sufficiently attests the fact of its excellence and popularity. In this edition is given a very complete table of the doses of all drugs in the English and Metric systems. This list is very light and well bound, with gilt edges. A new undated monthly edition has been added to the series which comprises lists for 25, 50, 75, and 100 patients per day or week. The price of the first is $1.00.

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**The Doctor** will soon be known as the *Doctor of Hygiene.*

**More Money** is spent on funerals than is spent in preventing them.

**Muffs** were first used by doctors to keep their fingers soft, and were adopted by ladies about 1550.

**The Fifteenth Balneological Congress** will be held at Berlin, March 8th to 13th, 1893, under the presidency of Professor Oscar Liebreich.

**Her Royal Highness Princess Mary of Teck** has consented to become "patroness" of the Central London Ophthalmic Hospital, Gray's Inn-road, W. C.

**Congress of Dermatology.**—The next International Dermatological Congress will be held in London, in 1895, under the presidency of Mr. Hutchinson. The Congress of 1892 was held in Vienna.

**The Possibilities** of a barber's life in the world's metropolis are suggested by the following, which made a brave showing in a barber's shop a few steps out of High Holborn (the last word being pronounced, by the way, with the first "o" long, and as though there were no "l" in it—Hoburn): "Haircutting, 6d.; shampooing, 6d.; shaving, 3d.; cleaning and scraping teeth, 6d.; hats blocked, 3d. Double charge for ladies."

**Official and Officinal.**—The correspondent of of one of our English exchanges says: "I have just come across a piece of etymological information which clears up a difficulty often experienced in distinguishing between the terms "official" and "officinal." A correspondent points out that the terms are not synonymous, as might be supposed, though the examiners for the triple qualification of Edinburgh recently fell into the error. "Official" comes from *officium*, an office, and signifies issued or sanctioned by authority. "Offi cinal," on the other hand, is derived from *officina*, a shop, hence it applies to goods kept in a shop (other than those sanctioned by authority?). To sum up the information, blue pill is official, liver pills are officinal. It seems to me from the foregoing that the latter term is therefore meaningless, and ought to be discarded. All the medical dictionaries I have consulted, however, give officinal as indicating official sanction."

**The Fifth Russian Medical Congress** which was to have been held in May 1893 has been postponed to December of the same year. This has been done from a fear that cholera will return in Spring.

**Typhus Fever.**—During the past week two deaths have occurred in New York, from typhus fever, both patients being men who had been sleeping in down-town lodging houses. The Board of Health has as yet been unable to trace the origin of the disease, or any connection between the two cases.

**Wrinkles as Indicators of Age.**—In a certain town in the South, where "Judges" form a large part of the population, there was an elderly gentleman, familiarly known as "Judge"——, who, for reasons best known to himself, was quite averse to telling his age. His friends and acquaintances tried many devices in the effort to ascertain how old the "Judge" was, but to no purpose. Finally his physician, who was occasionally called upon to treat the "Judge" for hemorrhoids, from which he was a great sufferer, thought of a plan by which the desired information could be obtained, and on the occasion of his next visit proceeded to put it into effect. Placing his patient in the proper position for an examination, he said: "'Judge,' I have recently learned of two methods for the effectual relief of piles; but both are dependent for their results upon the age of the patient, one being adapted to persons in youth, the other to those who have passed middle life. Now, in order to apply the proper treatment in your case, it is essential that I know how old you are." The "Judge," directing a knowing look into the eyes of his questioner, replied: "Count the wrinkles, doctor; count the wrinkles."

**A Medical Student Row in Paris.**—The *esprit de corps* which pervades the medical students of Paris seems to favor concerted turbulency on slight provocation. A few days since a student was excluded from the St. Antoine Hospital for rudeness to a municipal councillor, whereupon his comrades, to the number of several hundred, invaded the room where the examination for the *internat* was going on, smashed the windows, put out the gas, and did sundry other deeds of daring. On the following day the scene was repeated, and the examinations have had to be postponed on account of the hostile attitude of the students. Though the student who originated the trouble cannot make much capital out of a rude remark, the municipal councillor who interfered with him is probably "sorry he spoke," for there is no rule or law requiring medical students to behave deferentially to members of the Council, even though the hospitals happen to be maintained by the municipality. The *Hospital Gazette* says: Fancy a hospital governor calling a student to order or ordering him to desist from smoking! An English student would not break a window, but he might possibly break a head or damage a hat.

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**German Factories** forbid the use of corsets during working hours.

**A Resolution** was adopted at the last annual meeting of the Arkansas State Medical Society stating that at every annual meeting a popular address shall be given on some subject connected with State medicine and public hygiene.

**The Position** of Medical Superintendent at the Victoria General hospital, Halifax, is vacant. Dr. Jacques, the late Superinteddent, has gone to Baltimore we understand, with the intention of working at the Johns Hopkins Hospital, and ultimately of returning to practice in Nova Scotia. There are, we believe, several applications for the position.

**Vomiting Due to Elongated Uvula.**—Dr. E. F. Parker reports the case of a patient who consulted him for persistent nausea and vomiting. Examination of the throat revealed an extremely long uvula resting on the base of the tongue and exciting retching with every attempt to swallow. Under cocaine, a piece of the uvula, more than an inch in length, was removed, giving complete relief to the symptoms.

**Never Poultice the Eye** unless you want it to rot out. In case of sty or chalazion, and the globe of the eye is not involved, the lids may be poulticed over the swelling. In the beginning of those inflammations, hot water, applied every two or three hours and from five to ten minutes at a sitting, will often abort suppuration. So says the Kansas *Medical Journal.* We would add: do not attempt to make any application unless you are certain of doing the right thing, in which case advice is unnecessary. If you do not know, send the patient to an oculist.

**Quackery Two Centuries Ago.**—The following quaint account appears in an old work bearing the title, Sir Thomas Browne's Works, including his Life and Correspondence' (London: William Pickering, 1836), vol. i., page 244:—

*Sir Thomas Browne to his son Edward.*

'May 28th, 1679.

* * * I sawe a woman of 80 yeares, while the cataract was couched in both eyes, and shee had a dimme sight for a yeare after, till shee dyed; it was done by Vanderlas. The ignorance of chirurgeons, as to chirurgecall operations, creates so many mountebank and stage quacksalvers. Heere (Norwich, J. H. B.) hath been a mountebank these 2 months, who cutts for wrye necks, coucheth cataracts, cures hare lipps &c., wherin no chirurgeon of this place being versed, hee hath had a great deal of employment to the shame of our chirurgeons.—Your loving father,

THOMAS BROWNE.

'These for Dr. Edward Browne, in Salisburie Court, next the Golden Balls, London.'

**Perforation of the Bowels** occurs in about eight per cent. of the cases in typhoid fever.

**For a Scald or Burn** there is nothing superior to carbonated or seltzer water applied immediately to allay the pain.

**The Physician** may give advice on tobacco in a general way, but he will find very few patrons who will tolerate his presence professionally if he advises them to drink less coffee, to smoke fewer cigars, to chew less tobacco or to take less whisky. They think they know what is good for them better than the men who make a life-study of the causes of disease, and know why and how they undermine health and life.

**Accommodations for Phthisical Patients.**—Dr. Walter F. Chappell calls the earnest attention of the public, through a popular channel, to the urgent need for greater supervision of hotel rooms and other accommodations for phthisical invalids at health resorts, and he urges physicians to instruct their patients as to proper means for preventing infection of others and the reinfection of themselves.

**Medical Practitioners in Italy.**—From the official return of the Director-General of Direct Taxes in Italy it appears that the medical profession occupies the lowest position of all the professions in point of income. The notaries come first, advocates next, engineers and architects are a good third, and last of all come, *longo intervallo*, the doctors, with an average of professional earnings of little more than half that of the notaries.

**Poisoning of a Prison Physician.**—A curious but luckily not fatal poisoning accident recently befell the medical officer of the Beauvais prison, France. It appears that for some time the prisoners suffered from some inexplicable malaise, and suspecting the pharmaceutical extract of walnut leaves, which it seems is the practice to add to the prison drinking water, the medical officer, instead of having recourse to experiment on the lower animals, resolved to try the diluted extract upon himself, with the result that he almost sacrificed his life. About five minutes after taking the mixture he experienced a sense of great heat at the epigastrium, extreme dryness of the throat, dimness of vision and weakness in the limbs. Poisoning was at once suspected and energetic remedies adopted, with the result that in three days he was able to resume duty and to open an inquiry into the cause of his misfortune. It was then found that the druggist who had the prison contract for the supply of drugs, had, through a mistake on the part of his pupil, sent extract of belladonna for extract of walnut leaves. The druggist was hereupon indicted before the Correctional Tribunal of Beauvais, condemned to prison for six days and fined 100 francs.

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**Female Physicians.**—There are only seventy female physicians in London, five in Edinburgh, two in Dublin, thirty five in Paris, one in Algiers, and two thousand in the United States.

**Collapse of a "Gold Cure."**—An institution established at Long Branch, for the cure of inebriety on the injection plan, has gone to pieces, owing to lack of money and patients.

**The Number of Students** registered at the Halifax Medical college is the largest in its history. The supply of dissecting material is fortunately ample, and there is every promise of a successful session.

**Dr. M. P. Mansurow** for thirty years the occupant of the chair of dermatology and syphilography in the University of Moscow Russia, died last month. He was not only well known as a writer in medical copies but as a litterateur as well.

**The Prussian Government** has decided to make the use of the Centigrade thermometer general throughout Prussia, where the Reaumur scale is still employed in some places. No further Reaumur thermometers are to be issued to public officials.

**Prof. De Lapersonne** believes that iritis should always be looked upon as the result of an infective process. Its occurrence in connection with syphilis, tuberculosis, lepra, digestive disorders, blenorrhagia, metritis, rheumatism, etc., would seem to furnish evidence in support of this proposition.

**The Bohemian Club** for the Emancipation of Women has petitioned the Austrian Minister of the Interior to allow women to study pharmacology and to practice pharmacy, which in Austria is included among the learned professions. The Minister has not yet given his dicision. These facilities exist in this country, but have been very little used.

**Adulteration of Milk in Massachusetts.**—The ratio of samples of suspicious milk found to be adulterated as a result of the examinations by the Massachusetts Board of Health in the month of Octo ber, was 47.6 per cent. One of the complaints entered by the Board during this month on account of milk adulteration, that of John Casey, a dairyman of Worcester County, was the worst of the kind which has ever come under its observation. Twelve samples of milk were taken from Casey's wagon, at Charlton Station, from as many full cans, with the following result: Total solids, 6.53, 6.32, 5.49, 4.72, 7.69, 5.41, 12 94, 8.92, 6.97, 7.30, 6.80, 11.22. Average of total solids, 7.48. The average composition of this lot of milk proved that nearly fifty per cent of its volume was added water, and in some of the cans as high as sixty five per cent. Casey was convicted and fined!

**Steeled His Heart.**—The *Medical Record* reports a case where a piece of steel was found in the heart of a man at an autopsy recently held in Brooklyn. It resembled a woman's hat pin. A woman is often the next thing to a man's heart.

**Southern Surgical and Gynecological Society.**—Place selected for the Sixth Annual Session during November, 1893, New Orleans, La. Officers elected for the ensuing term:

President—Dr. Bedford Brown, Alexandria, Va.

Secretary—Dr. W. E. B. Davis, Birmingham, Ala.

**Beri-Beri in New York.**—Five Chinese sailors on the British steamer Tetartor, which arrived from the Philippine Islands recently with a cargo of raw sugar, were found to be suffering with beri-beri. The vessel was seventy-five days making the voyage, and when it had been one month at sea, a Chinese sailor died of the disease. The Health Department was notified and an inspector had the five sailors removed to the Hospital for Contagious Diseases at Flatbush.

**A New Leucomaine.**—It was in 1881 that M. Armand Gautier discovered a new class of alkaloids derived from proteid matters, to which he gave the name of leucomaines. They are bases formed in the living cells and partly eliminated by the urines. Mr. A. B. Griffiths, on the same basis, succeeded in obtaining a curious alkaloid from the urine of epileptics. This poisonous leucomaine produces trembling, intestinal and urinal evacuation, dilation of the pupil, convulsions and death.

**A Queer Kind of a Maid.**—A poetical certifier to the merits of a much advertised preparation, states that in his practice "it accompanies the maid from her virgin couch to her lying-in chamber, assuaging the perplexities of maidenhood and easing the trials of maternity." We, says the *Medical Record*, have nothing to say against the perplexities of maidenhood, for we have no doubt they are as perplexing as most perplexities, but we really think it is improper for a maid to have a lying in chamber; she ought to be content with her virgin couch.

**The Tri-State Medical Association,** of Georgia, Alabama and Tennessee held its meeting not long since and the following officers were elected for 1893:

President—Dr. Richard Douglass, Nashville, Tenn.

Vice-Presidents—Drs. Robert M. Harbin, Calhoun, Ga.; R. M. Cunningham, Birmingham, Ala.; L. Y. Abernathy, Hill City, Tenn.

Secretary—Dr. Frank Trester Smith, Chattanooga, Tenn

Treasurer—Dr. W. C. Townes.

Recorder—Dr. W. L. Gahagan, Chattanooga, Tenn.

The Society adjourned to meet in Chattanooga the third Tuesday in October, 1893.

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**Dr. Teuffel,** body physician to the King of Wurtemburg, who became suddenly insane lately and was removed to an asylum in Berlin, has commited suicide there.

**Vivisection.**—The Association for the Advancement of Medicine by Research, in England, have decided to publish a work describing the leading experimental researches to which physiology, medicine and surgery have been indebted for the means of progress in the healing art. It will be written by different authorities, and is intended to offset the numerous publications of the anti-vivisectionists.

**Students In Politics.**—In a recent Democratic parade in Nashville the medical students formed a notable feature of the procession. Nearly four hundred men were in line in suitable costumes, and with appropriate floats and transparencies. The good behavior of this part of the rally was very commendable. One thing, however, was remarked: that no other section of the procession could even approach the boys in the amount of noise they made.

**A New School for Trained Nurses.**—Since the failure of the Board of Trustees of the Cincinnati Hospital to renew their contract with the Training School, they have decided to establish a training school in the institution, to begin January 15, 1893. The past four years' experience has demonstrated the efficiency of trained nurses, and the Trustees rightly feel that they cannot allow the future standard to be lower than that maintained under the present system.

**The Georgia Board of Health.**—A bill before the Georgia legislature providing for a State Board of Health appears to meet such opposition that it will probably not pass says the Boston *Medical and Surgical Journal.* The objection to the bill is that the Board is given too great power. The State health-officer would be able to qurrantine a town in case of any infectious disease in it. At last accounts, however, we learn that this bill, after a very feeble opposition, passed the Senate by a vote of thirty five to nine, and it is now before the House.

**A Live Autobiography** exists in the person, or rather on the person, of a German fugitive for whom the police are fondly hankering. This man who has been a sailor, soldier, circus clown, cabman and Lothario has tattoed on his skin various dates and symbols relating to his many callings. The following is the detective discription of him read in the arrest warrant: on breast "I cannot change my fate 1885" on right forearm woman's head, rifle, lance, sword, cannon ball and "whoever loves must suffer", on right shoulder cross, heart, anchor, clasped hands and "Everlastingly faithful", on left shoulder clown on a chair and "1887", on left forearm "Long live the cabby", horse's head, whip, clasped hands and "True love 1890".

**Experientia Docet.**—One of the best of Lawson Tait's axiomatic expressions is: "The road to success in the parctice of our art lies not only in the knowledge how to deal with disease, but how to deal with men and women who suffer from it."

**His Struggle with Opium—The Man Won, but Only After a Battle that Severely Tried Him.**—The following interesting narrative is quoted from the London *Spectator* by the *Medical Record*: One day I realized, writes a former victim of the opium habit, that my word was no longer a symbol of truth, and the moral nature I had not quite drowned leaped up in the dark and called me "Liar!" to my face. Then I awoke, and for the first time for many a day I prayed. Then also came the resolve, the determined resolve, come what may, to be done with this damnable tyranny. At six o'clock that evening I took a hearty meal of meat (principally) and a little (very little) red wine. It was June 10, 1866. I had determined to walk into the summer night, walk till I died if necessary, but walk till I won my battle, if I lived through the ordeal. I left my watch at home that I might not pawn it for opium; I took no money with me; even as I left home and struck across the downs I felt the craving coming on (the hour for my penultimate day dose was at hand), and I knew my temptation was with me, and realized how long and bitter the struggle was to be. The craving seemed to me a palpable shape that walked beside me, a presence that outran me and lost me, and came back to me like a faithful dog that would not lose or leave me, that I could not leave or lose! Sometimes I sang, sometimes I raved and swore, sometimes I prayed and wept, but never once, thank God, did my resolution falter.

Much of that night I cannot remember. Dim things came back to me at times, such as a fall I had once, hurting my knee. I think I frightened some one who asked me some question, and I believe I can recollect that I myself grew at one time full of fear—fear of hurting myself, not others; and then I suffered thirst—such thirst, such awful thirst—but I must slaked it somewhere, for in the morning my clothes and necktie were all wet, and so was my hair. At seven in the morning of the next day I found myself leaning on a gate and looking out on the landscape before me with a sort of curious wonder as to how I came there; my head dropped on my hands, I slept for (I think) only a few minutes, and awoke quite well. Since that day I have never touched it, and have never been tempted to touch it. Of course I am well aware that the doses to which I had become accustomed were not very large, but I am also sure that they were on the increase, and having told my experience lately to a distinguished English physician, he begged me, for the sake of others, to put on record these plain and simple facts. This I now do, and if I do so anonymously, it is only because I believe that no further good could follow the knowledge of my identity or name.

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**Another Wild-Cat Scheme.**—Under this title the *Lancet Clinic* publishes an editorial which although somewhat lengthy will prove interesting to our readers. Like our contemporary we do not object giving this scheme a free "boost". The article is as follows: We believe that a medical journal ought to give publicity to such schemes as the following, because they make interesting reading and at the same time show the readers how many wild and novel plans can originate in the cerebral cortex of enterprising individuals. Before passing on to an elaboration of this present scheme we desire to assure our readers that this advertisement was not sent to the editors of the *Lancet-Clinic*; they succeeded in unearthing it by a pure accident. Nevertheless, feeling that a few words of commendation from us might be of assistance to the project, we have, as we always endeavor to do, taken this method of promoting (?) the novel plan. We feel, in fact, that editors ought to use every means at their command to promote such philanthropic (?) attempts to assist the dear public. What can be more truly soul inspiring than this attempt to relieve people of the burden of sending for their own physician or surgeon? Why should they be subjected to such petty annoyance when a neighbor can telephone for one of those serving this company? Why, indeed, should there be any regular attendant when their "service is so prompt, and being the best to be had in the vicinity?" Truly, the physicians of this company are the only ones needed in this city; all others are superfluous.

We confess to a feeling of genuine surprise in noting the names of the physicians. We are surprised and pained to ascertain that they are connected with any such scheme. The only explanation we can offer is that they are ignorant of the reading of this circular. We feel certain that the company has never sent them a copy of the circular for perusal and approval. Perhaps they will for the first time know its contents when they read it in the *Lancet-Clinic*.

The following prospectus would be inexplicable were it not for the discovery we have made that one of the Directors (with a big D.) is President of the Farm Fun Publishing Co. This prospectus we are certain was written by him and is his latest comic gem. On each slip of paper we have received there is a cut of a good-sized man and a small-sized boy riding a horse with a "docked" tail. (We do not know whether this condition of its tail is a pun or not.) The man is holding fast to the boy's arm with his right hand, while with his left he appears to be diligently searching his hair for something; the expression of his face rather indicates that he has a "bite." We hope he will catch it ere long, for we are sorry for him.

It may be that we have not properly interpreted the meaning of the artistic design, but we have tried to bring all our wealth of artistic lore to bear upon this design. But to the prospectus:

AMERICAN FAMILY PHYSICIAN'S COMPANY.

810 NEAVE BUILDING, CINCINNATI, O.

PROSPECTUS.

This comprny was organized and is now endorsed by Cincinnati's leading professional and business men.

The plan and scope of the American Family Physician's Company gives to those families who desire such protection, an absolute and sure method of providing a physician and surgeon of the highest professional standing, for sickness and accident to any and all members of the family.

The company also provides all the medicine necessary in such cases.

The company also provides all medical and surgical appliances necessary in the treatment of these cases.

You are not annoyed, running first to the office of one physician and then to another to find him in, you simply go to the nearest telephone, call up our office, and a physician is at your house in a few minutes. You are absolutely assured of service at once, the best to be had in the city.

You never receive a doctor's bill with a polite request to settle, and just at the time when you need the money for something else.

You are healthy now, but you do not know how soon you may be a confirmed invalid when the best attention will be necessary; then is when the bills run up, then is when you will need our service. Prepare yourself in advance; join with us now.

The cost of the membership is certainly low enough for all to enjoy its benefits. Class A.—For a family consisting of not more than four members, $15.00. Class B.—For a family of more than four and not over six, $18.00; and Class C., for a family of eight or more, $20.00 per year, payable monthly, quarterly, semi-annually or annually, in advance.

We take you if you are in good health now; no examination is necessary.

A policy will be issued to each family and to single persons

Obstetrical cases are all paid by the company.

It is a matter of efficient and economical service for every policy holder, so do not delay.

DIRECTORS.

W. W. Russell, President The Russell Printing Co., Cincinnati, Ohio.

Wm. Thornburn, American Employer's Liability Insurance Co, Cincinnati, Ohio.

Joseph Eubanks, Eubanks & Conway, Contractors, Cincinnati, Ohio.

Edwin Shideler, President, Farm Fun Publishing Co., Cincinnati, Ohio.

Edwin S. Thorburn, Harte, Klare & Buvinger, Wholesale Hats, Cincinnati, Ohio.

Wilbur H. Murray, President Wilbur H. Murray Carriage Co., Cincinnati, Ohio.

J. E. Smith, H. E. Spillman & Co., Wholesale Tobacco Dealers.

C. McIntyre, Grower's Tobacco Association, Cincinnati, Ohio.

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W. M. Kirkpatrick, Resident Manager Hallowell Granite Co., Hallowell, Maine.

G. K. Wilhelm, Manager of Agencies.

There is something in the fifth paragraph that reminds us of the advertisement of Kodak camera—"You push the button, we do the rest." It also smacks of the advertisement of the Denver undertaker—"You kick the bucket, we do the rest." But it is obviously improper to associate undertakers with the "American Family Physician's Company."

After recovering from a perusal of the prospectus, turn, gentle reader, to the circular given herewith:

"Death is never present, while sickness is everywhere present."

THE AMERICAN
FAMILY PHYSICIAN'S COMPANY,
NEAVE BUILDING, CINCINNATI, O.
INSTRUCTIONS.

In event of sickness or accident, you can, if you wish, send for your own physician or surgeon, but our service is so prompt, and being the best to be had in your vicinity, that you would save time in telephoning us, while you would be away from your sick or disabled but a very few moments, or not even at all; some neighbor can telephone for you, and you are certain of immediate attention. The prescriptions are filled and sent to your house by messenger of the company. Notify Dr. D. D. Bramble, telephone No. 666, or Dr. B. Merrill Ricketts, telephone No. 118.

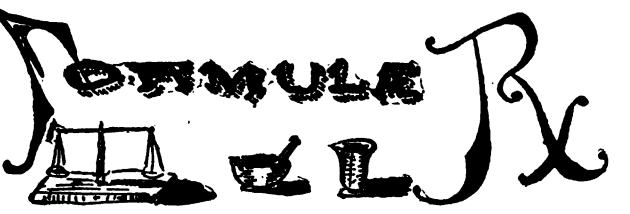
Send written notice to the secretary of the company, 811 Neave Building, Fourth and Race Sts., immediately, if other than the company physician have been called, giving name of sick or injured person, nature of disability, number of yonr certificate, and name of physician attending. WM. THORBURN, Secrtary.

The motto at the top bothers us somewhat. Does it mean that members of this company never die, or are they complaining of the fact that their patrons are always sick, but never die? If the latter is the correct solution we would advise the company to go out of business, for they will surely become bankrupt through excessive patronage.

We cannot repress a shudder when we contemplate the early disappearance of the former well-known and highly respected family physician, for under this new dispensation his, like Othello's occupation is gone. We hope that the specialists will be spared, for even the "company's" physicians might have need for one of them.

*O Tempora! O Mores!* A rebellious and stiff-necked generation has arisen who seek to overthrow the customs of the past.

Before closing we wish to assure our readers that this advertisement was not a paid one. We give the "company" this out of pure generosity of our heart. We do love to help a strugling institution and hence could not refrain from giving this one a handsome "send off."




**Erysipelas.**—We find the following in an exchange:

℞ Acid tannic,
Camphor, - - - - - aa ʒij.
Ether. sulph.. - - - - - ʒiv.
M.
Sig. Apply to affected parts by aid of camel's hair pencil, every three or four hours.

**Ozena.**—Tarban recommends the following:

℞ Iodol,
Tannic acid,
Borax, - - - - - - aa ʒj.
M.
Sig. Use as a snuff five or six times daily.

**Cough Mixture.**—The following is credited to Dr. Janeway (*Med. Bnll.*):

℞ Syr. tolu.,
Syr. pruni virg.,
Tinct. hyoscyami,
Spts. eth. co.,
Aquæ, - - - - - - aa ʒj.
M.
Sig. A teaspoonful every hour.

**Transfusion Fluids.**—The following are given in the *Prescription*:

1. Billroth's.

℞ Sodium phosphate, - - - gr.iij.
Sodium carbonate,
Ammonium carbonate, - - aa ʒj.
Sodium chloride, - - - - ʒj.
Alcohol, - - - - - ♏clx.
Dist. water, - - - q. s. ad ʒxx.
M.

2. Little's.

℞ Sodium phosphate, - - - gr.iij.
Potassium chloride, - - - gr.vj.
Sodium carbonate, - - - ʒij.
Sodium chloride, - - - - ʒj.
Dist. water, - - - q. s. ad ʒxx.
M.

3. Walter's.

℞ Sodium bicarbonate,
Calcium chloride,
Potassium chloride, - - aa gr.vj.
Sodium chloride, - - - - ʒj.
Distilled water, - - q. s. ad ʒviij.
M.

For use, dilute 1 fl. oz. of this solution with water at 120° F., so as to make 16 fld. oz.

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**Say,** Josh, what makes yer mustache grow so long?

Josh—Oh, I shook some hair tonic on a sandwich instead of Worcester sauce.

**Physician**—What is the gastric juice?

Medical Student—It is a very powerful narcotic, and extremely dangerous when taken in large doses.

**A Certain Lady** was once described by a rival as having "organs of hearing which were unfortunately too large for ears and not large enough for wings."

**Jess.**—Why don't you ask Dr. Emdee to your dinner?

Bess: I can'tbear him. He looks as though he were saying to himself: Great heavens! I'll bet her liver is out of order.

**We Must Attack** this trouble promptly, said the physician. Yes, replied the patient, who had just taken a dose of medicine; but I wish you could be a little less bitter in your attacks.

**A German Anatomist** has just announced the fact that after a careful examination of woman's knee he finds that it is unfitted for maintaining a standing position, and it is proposed to post this up in the street cars.

**On Olympus.**—Venus: Some one send for Dr. Esculapius, quick!

Jupiter: Why, Venus, dear, what's the trouble?

Venus: Cupid's just got back from those horrible summer resorts again and I'm afraid he's going to have brain fever.

**English Pauper:** Hi think hi'll take a pleasure trip to Hameriky and back this summer.

'Ow'll ye get there?

Why, the poor hauthorities here will pay my passage hout, an, has I 'ave no means of support, the Hamericans will make the steamship company bring me back again.

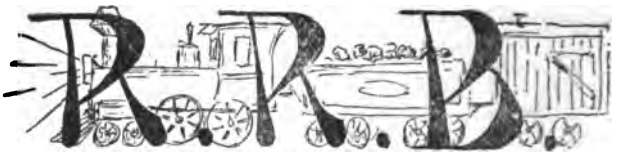
**Little Boy** (weakly): Mamma, am I 'most well?

Mamma: Yes, my pet; the doctor has got all the powder out of your face, and he says he can save your eyesight.

Little Boy: Then please move my bed up to the window.

Mamma: What for, my cherub?

Little Boy: I want to shoot off the rest of those firecrackers.




**In Accordance** with the determined policy to largely increase its equipment, the Norfolk and Western has, it is understood, awarded contracts for 1,000 freight cars.

**The "Mass Meeting"** of general passenger and ticket agents of the United States, Canada and Mexico which passenger traffic manager White of the Atchison Topeka & Santa Fe got together in Chicago recently to consider the matter of world's fair rates was a great success in accomplishing the main result aimed at—the enlisting of interest on the part of the passenger officials in the great fair by impressing them with some idea of what it is to be. The attendance was very large.

**Stop Over Tickets**—The troublesome use and abuse of stop over tickets against which many of our railways have been compelled to take a stand, is thus met by one of the English railways, the North-Eastern.

Passengers desirious of breaking their journey at intermediate stations will be allowed to do so on leaving their railway tickets at the booking office where they stop over, to be exchanged for a voucher ticket. The journey must be completed within the time for which the tickets originally issued are available, and before the passenger resumes his journey he must return the voucher and receive the ticket which he left. This plan would not receive the appropriation of the American ticket scalper, and yet it may have merit, for all that.

**M. A. & K. Railway Surgeons' Association.**—The Missouri Arkansas & Kansas Railroad Surgeons' association convened in semi-annual session in Fort Scott, Kan., Oct. 27. The meeting was largely attended. The most important question was that of changing the name of the association to the Southwestern association, and including in its territory all the southwestern states. It was referred to a committee to report at the next meeting. At the election of officers Dr. F. J. Lutz of St. Louis was chosen president, Dr. J. E. Tefft, Springfield, and Dr. R. Akman, Fort Scott, vice presidents, and Dr. C. M. Lutterloh, secretary.

The place of the next meeting in May, 1893, was warmly contested for by the St. Louis and Memphis delegates, but president-elect Lutz of St. Louis offered such superior inducements by way of clinics and practical illustrations of surgery that St. Louis was chosen. The association was banqueted by the club of Fort Scott in the evening.

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# MEDICAL REVIEW.

*A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.*

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A. H. OHMANN-DUMESNIL, A.M., M.D , EDITOR, 1 NORTH BROADWAY.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 1 North Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

Entered at the St. Louis Postoffice as Second-class Matter.

## Retrospective.

We are on the eve of another year and looking backward we find that the past twelve months have been fraught with many important events, from a medical point of view. Many distinguished men have passed away; men who had established beacons to guide the wayfarers upon the boundless sea of medical science. In this respect, the year 1892 has been notable for the many distinguished victims who were made to bow before the scythe of relentless Time, the all-devouring. In return many new and distinguished lights have sprung into existence to eventually fill the places vacated by their masters. Yet, the present generation while cordially awarding the proper meed of praise and encouragement to the incoming men of the future, will ever preserve a regret at the thought that nothing now remains but a memory of those grand old figures of the past. Although this is a *fin de siecle* we cannot "ring out the old," and "ring in the new" without a pang. We miss the familiar faces, the towering intellects at our meetings; we no longer hear the well-known voices; and we seek in vain for the masterly contributions which emanated from minds now vanished from the turmoil and struggle of life. Peace to their ashes, and may the examples set by them be an incentive to emulation, and may their lives serve as guides for the conduct of the incoming generation of the medical profession.

The most notable event of the past year and the one which has excited the greatest interest both in lay and medical circles has been the scourge of cholera which has made such terrible inroads in Europe and which has ravaged Russia in such a pitiless manner. It has been not only interesting in an ordinary sense, but it has gained an added importance from the fact that the civilized world has been threatened by its approach and is not yet secure from a similar invasion next year. This condition of affairs has naturally led to the publication of a vast volume of literature upon cholera and upon hygienic subjects related to the national, state, and municipal methods to be adopted to prevent the importation as well as the appearance *de novo* of various infectious diseases. Therapeutic measures in use in former epidemics as well as novel ones recently introduced for the treatment of cholera have also occupied much of the attention of writers.

New remedies have occupied a large share of the attention of the medical mind. Synthetic chemistry has gained new triumphs, making us independent of the uncertain growth of plants and placing the manufacture of these compounds which have been successfully produced upon a basis whereby unlimited quantities, at a reduced cost, may be produced. New combinations of the highest therapeutical value have been made and the ends of earth have been ransacked to enrich the armamentarium medicum. The accretions in this department have been noteworthy and will, without doubt, produce radical changes in the pharmacopeias of the future if the present large increment is proportionately kept up.

Methods of precision in making examinations and establishing diagnoses have kept pace with the rest of the march of progress. Symptoms have been brought forward which are invaluable in the recognition of particular processes and are, at the same time, invested with a clearness which leaves nothing to be desired. As a result of improved methods of this sort conditions looked upon as identical or as merely modifications of

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the same pathological changes have been clearly differentiated and shown to be entirely different. Moreover, diseases which were formerly regarded as rare have been shown to be comparatively common. On the whole a real, marked, and substantial advance has been made in medicine and this progress holds promises of much more of the same kind in the near future.

As might well be expected surgery has not been lagging behind in the vertiginous progress which has characterized the past twelvemonth. It is more especially in operative surgery that the improvements are notable. Technique has been constantly made better and the great subjects of antiseptics and drainage have received much deserved attention. Abdominal surgery has also received more attention than heretofore resulting in a mass of literature on the operative methods for perityphlitis, injuries of the intestines and intestinal anastomosis the last having brought out a large number of methods for the accomplishment of the condition. A growing tendency has beed observed to adopt aseptic measures in preference to the antiseptic wherever practicable. Surgical tuberculosis has also received an impetus as well as orthopedic surgery which has notably improved.

The various specialties, as would naturally be expected, have not only kept pace with the general movement but have even outstripped the general surgical and medical improvements when compared with them in accordance with their limitations. In gynecology is this particularly noticeable. In this country the most notable event in this respect has been the successful performance, upon several occasions, of the operation of symphysiotomy which had never been previously essayed in this country, nor in any other, for that matter, except Italy previous to the past year. There is not a special department of medicine or surgery which has not made substantial advances so that, on the whole, the *annus medicus* which is just past can compare very favorably with any of the preceding ones. Instruments of precision as well as those intended for operative purposes have been introduced in comparatively large numbers and they are certainly vast improvements on those which existed before.

Literature has been enriched to a marked extent. The number of new journals which have sprung into existence is marvellous. In fact, it is so great that it is often a question how they can all exist and it almost leads to the conclusion that physicians are more interested in the literature of their profession than they formerly were. The journals which have sprung into existence during the past year, number some of the best published. A large number are necessarily below par, but still they seem to exist. Very few have been engulfed by the remorseless waves of oblivion. Nor is this all the literature which has been forthcoming. The past year seyms to have demonstrated more forcibly than ever that "of the making of books there seems to be no end." Whilst many of the works could have been left unpublished without seriously incommoding any one, many of the most valuable works of the past decade have been offered to the profession during the past twelvemonth. Many new editions of standard works have also appeared and in many instances nevermore to be revised by their authors, who have since passed to the other shore. The numerous annuals and similar publications have put in their appearance and, we are pleased to note, in an improved form.

Medical education has received more than its share of the attention of medical educators and of the medical profession in general. Its standard has been raised in this country and there should be a corresponding amount of satisfaction secured. The term of instruc has been lengthened in all the colleges but those located in the Southern States and even these have had a meeting of their representatives who have the same object under consideration. There is no doubt, whatever, that the example set and the impetus given during the past year will have a salutary effect in this direction which, taken altogether, will redound to the greater credit of American medicine and methods of instruction.

The Code of Ethics has been thoroughly discussed in in all its aspects, not only by the medical press but at the meetings of societies and associations as well. The idols of a past generation have been rudely shattered in many instances and the work of the past year to have it revised is beginning to show marked effects. To a close observer it would almost seem that the "handwriting on the wall" is clear and indubitable. It may be true that "the old guard dies but never surrenders" and that it proposes to die hard, but the efforts made in 1892 will surely produce fruit or the old tree is in danger of being chopped down close to the roots.

We will not speak of the medical frauds of the year. They are still fresh in the minds of our readers. Nor have we detailed any of the various events to which we have merely alluded. The MEDICAL REVIEW has given a complete survey of the medical field during the past year and nothing of importance has been omitted from its pages. It has penetrated throughout the length and breadth of this land from the Atlantic to the Pacific and from the Isthmus of Panama to the confines of British America. To instruct and please our readers has ever been our aim and to continue to do so shall ever be a pleasant task as well as a source of constant study. Whilst we will keep this foremost in mind we shall never forget the interests of the practitioners of this great republic and we sincerely hope that the next year will be a profitable one to them in all respects. In closing we desire to remind all of our readers that the MEDICAL REVIEW cordially wishes them A HAPPY NEW YEAR.

## The Hydriatric Treatment of Typhoid Fever.

It is taught in the schools and accepted by the profession that, generally speaking, 70 per cent of all cases of typhoid fever recover without treatment; about 15 per cent will die with or without treatment and the

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remaining per cent are debatable and treatment may decide the issue of life or death.

The treatment of the disease by cold water baths has made but slow progress in this country. A heroic measure, violating preconceived notions of proper treatment, apparently impractible in private practice, it has been compelled to prove its merits beyond question.

The method of Brand consists in the following systematic procedure (*Med. and Surg. Rep.*):

Whenever the temperature taken in the rectum reaches 102.2°F. (39°C.) the patient is placed in a bath of 65°F. A compress, wet with water about five degrees lower, is placed upon the head, or water at a lower temperature is poured upon the head and shoulders. The patient remains in the bath fifteen minutes, during which time he is systematically rubbed by the attendants and encouraged to rub himself. At the expiration of that time he is removed from the bath, and wrapped in a coarse linen sheet, over which a blanket is folded, the extremities being thoroughly dried and rubbed. A little wine or spirits is then given. This is repeated every three hours, unless the temperature remains below 102.2°F. The alimentation is liquid, nutritious, and carefully regulated. No drugs are administered.

The most recent report of its efficacy in hospital practice is given by Dr. J. C. Wilson (*Medical News*) who says in the service of the German Hospital the total number of cases treated by this method to June 1, 1892, is 226; the total deaths, 12—5.3 per cent. In the entire series of 229 cases relapses occurred in 19 instances; more than 1 relapse occurred in 2 cases.

The statistics of the German Hospital now rest on a sufficient number of cases and extend over time enough to warrant conclusions as to the efficiency of the treatment in an American hospital. It has reduced the death-rate in this institution nearly 50 per cent from the best showing of previous years, amd 66 per cent from the most favorable statistics of the hospitals of the city under other methods.

It is the custom at the German Hospital to administer to the patient npon admission, if before the 10th day, a laxative dose of calomel, from gr. vijss-x, and in cases entering the hospital during the first week this dose is very often repeatod; otherwise, the management of the cases in almost all instances conforms strictly to the method of Brand.

Such results enforce their own lessons. If it will do so much in hospital practice it will also improve results in private work. If convinced of its positive value the American practitioner will allow nothing to prevent its use in private work.

**Heredity** is always an interesting subject. The *Bacteriological World* says: The question is constantly asked. "To what degree is heredity responsible for the moral and physical infirmities from which human beings suffer? According to Galton we inherit one tenth of our original nature from our grandparents, and one fourth from our parents. The fact of heredity is well recognized in the common expression "a chip of the old block." The influence of heredity is well shown in India, where a caste exists for every trade. Fathers consider it a waste of effort to undertake to teach their sons a trade different from their own, recognizing the advantage of heredity aptness in the children for their father's trade or profession.

India also affords another illustration of the national deterioration which has resulted from the practice of secluding the women, and condemning them to a life of ignorance and comparative idleness, which has existed for many generations. Fathers and mothers sharing equally in the transmission of hereditary qualities male as well female children suffer from this deteriorating influence, and thus the race has steadily retrograded, from the golden age of Hindu civilization, when the masterpieces of Sanscrit literature were produced, to the present time. An Indian writer recently concluded an address with this remark: "I feel justified in concluding my address as Milton's Satan concluded his speech to his followers lying at his feet in the oblivious pool of Lethe, with the words,—

"Awake! arise! or be forever fallen."

Unquestionably, heredity accounts for much of the nervous weakness and other functional disorders from which so large a proportion of the natives of civilized countries suffer at the present day.

**Traumatic Hernia of the Lung.**—Traumatic hernia of the lung is a very rare accident, and experience in its treatment falls to the lot of very few practitioners and is very slowly acquired. Every case, therefore, is worthy of record and careful consideration. Dr. E. Massart of Honfleur has recently recorded an instance of this injury, says a contemporary. It occured in a robust, healthy man, thirty-eight years of age, as the result of a stab-wound in the seventh left intercostal space, a little behind the anterior axillary line. The protruding lung formed a swelling in the wound the size of half a hen's egg; it was smooth, of a rosy color, irreducible, crepitating under the finger, and not altered in size by the movements of respiration. The wound was fourteen hours old when Dr. Massart saw it, and fragments of dirty cloth were adherent to the wound and the lung. The patient complained of severe pain in the part, and his respiration was short, rapid and embarrassed. An attempt to reduce the hernia having failed, its base was transfixed with a needle carrying a double strand of catgut, with which it was tied in two pieces. The projecting mass was then cut away and the stump reduced into the pleura. The external wound was then closed. Rigid antiseptic treatment was carried out. The result was very satisfactory. The man made an excellent recovery without either pleurisy or pneumonia, and the only complication was slight superficial suppuration in the wound. Dr. Massart justifies his line of treatment on the ground of the great danger

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of returning an infected lung into the pleura. The case is of great interest as showing the tolerance of the lung of surgical interference, and has a bearing upon the possibility of excising portions of lung for tumor. It is also worthy of note that there was no collapse of lung or pneumothorax after the operation. Those who are accustomed to operate upon the pleura will not be surprised at this, for they have learnt that the general opinion on the danger of opening the pleural cavity is much exaggerated.

**Strikes Among Medical Students.**—There would seem to be an epidemic of strikes among medical students at present (*Brit. Med. Jour.*). Immediately after the news of the strike among the dressers and clinical clerks of the Paris hospitals, because of an alleged injustice to one of their body, comes the intelligence that the Barcelona students have "gone out" on account of the deficiency of clinical instruction, notably in the department of children's diseases. In this point they seem to have a real grievance, inasmuch as, while there is a professor, there are no patients, professor Rull, the former occupant of the chair, had to be satisfied with three or four, but the present professor, Dr. Martinez Vargas, has, owing to administrative changes, been deprived even of these. It appears he asked for a special department with from forty to fifty beds, and it was the refusal of the authorities, on financial grounds, to consent to this, that was the immediate cause of the disturbance. Almost contemporaneously with these effervescences of the youthful spirit in Paris and Barcelona, we hear of a "strike" among the students of the University of Athens, who have risen in revolt against a recent increase of the fees for examination and graduation. A deputation of students which waited on the Prime Minister to ask him to reconsider his decision seems to have been received with somewhat scant courtesy, and a good deal of disorder ensued. Several students were arrested.

**A Singular Medico-legal Case** is reported by the Paris correspondent of the *Lancet*. At a recent meeting of the Societe de Medecine Legale an interesting communication was made, on behalf of Professor Cazeneuve, on a singular case of infanticide involving a somewhat unusual medico legal problem. It was a question concerning an infant of five months which had died suddenly in 1891 without showing any previous symptoms of disease. At this time there was no suspicion of crime, and it was only owing to certain rumors, sixteen months later, that the police took action and caused the body to be exhumed. The chemical analysis for traces of arsenic, lead, mercury and other poisons came to nothing. However, further research led to the discovery of eight small pieces of an elastic blackish-grey substance blocking up the intestinal tract. After repeated washings and careful examination these were recognized as portions of sponge, and M. Cazeneuve was of the opinion that the ingestion of these fragments of sponge was the cause of death. In support of this opinion he cited the customs which obtain in certain country districts of killing stray dogs and predatory cats by placing in their way small pieces of sponge soaked in grease, which, upon being swallowed by the animals, become swollen in the intestinal canal, after the manner of a sponge tent and thus induce fatal obstruction. Founding an opinion on these considerations, and also taking into account the fact that the portions of sponge presented a well-defined cut surface, the medical jurist concluded that circumstantial evidence was established that the child was caused to swallow the pieces of sponge in a vehicle such as milk or soup. The jury also took this view, with the result that the accused was sentenced to penal servitude for life.

**Piles and Their Treatment** continue to maintain an apparently unsettled position in therapeutics. There is a curious want of uniformity in the surgical treatment of piles at the hands of our surgeons (*Hosp. Gaz*). There are half a dozen different operations, and men pick and choose, although, on serious discussion, it does not appear that there is more than one really good method. Salmon's operation, by dividing the mucous membrane and applying a ligature, without cutting off the pile, is, by agreement, the most practical and the most safe. Whitehead's operation is adequately described by Mr. Keetley as "expensive alike of the surgeon's time and the patient's blood." The plan of crushing the piles exposes the patient to slightly more risk than Salmon's operation, but it may be adopted with advantage when time is an object, since it allows the patient to get about within a week. A simple and almost enticing method is the injection of the body of the pile with a glycerine solution of carbolic acid (five to ten per cent), but it is only applicable in cases when the piles can be reduced and kept up. Mr. Swinford Edwards has given this procedure a trial in some two hundred cases, with, he states, satisfactory results. It is hardly necessary to remark that for purposes of treatment external must be clearly distinguished from internal piles, though, should the latter cause much discomfort, Mr. Edwards sees no objection to snipping them off. In deciding the question whether to operate or not, we must be guided less by pathological considerations than by the pain and loss of blood.

**The Suppression of Vivisection** is a subject which is being vigorously prosecuted in England. The Montreal *Medical Journal* says: The great discussion which has been going on lately in England regarding physiological experiments on living animals, or, as the opponents of the practice prefer to call it, vivisection, has pretty well died out. For years the physiologists have remained quiet under abuse and misrepresentation, and when at last stirred up to retort, their opponents hold up their hands in holy horror at the plain and forcible language used. The cause of the late discussion was a book called "The Nine Circles," written by

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Miss Cobbe, a member of the Society for the Total Abolition and Suppression of Vivisection. This book purported to give an authentic account of some twenty-six cases selected to show the cruelty of this mode of investigation. However, there were twenty fundamental misstatements in these twenty six cases (*Brit. Med. Jour.*), and this provoked Mr. Horsley and others to reply in pretty plain Anglo Saxon. The leaders of the Society, Canon Wilberforce, Bishop Barry and others, would not retract the statements although the falsity of them was proved, and protested against the use of such strong language against "women and clergymen." As an example of their own moderation in this respect, we notice, in the report of one of their meetings, that Canon Wilberforce applies the expression "inhuman devils" to all experimental physiologists. The same meeting formed itself into an admiration society of Mr. Lawson Tait who came forward, *Athanasius contra mundum*, to champion their cause against all comers and to apologise for his profession. Another medical man, Dr. Berdoe, also joins hands with them, but seems to be more anxious to disclaim any responsibility regarding the accuracy of the quotations in the Nine Circles which he reviewed than to carry the war into Africa. The two luminaries of our profession unite with the members of the Society in stating that no great discovery has been made by means of vivisection. Mr. Tait says "vivisection is a medieval method of investigation similar to that of pressing an accused prisoner with weights to make him plead, and the conclusions arrived at are erroneous." Canon Wilberforce is the authority for the statement that Harvey's experiments to prove the circulation of the blood were useless, as that fact was shown by examining the web of a frog's foot under a microscope. This style of argument is carried on *ad nauseam*. We expect that we shall hear next of the anti-vaccinators taking up the cry of cruelty to calves as the basis of their opposition to vaccination, but that, indeed, would be carrying brotherly love a little too far.

**Poultices** are remedial when the "sign is right," but some physicians have trouble in discerning when it is right, and place the poultice on the wrong place (Kansas *Med. Jour.*). A poultice should not be applied to a recent wound unless the physician wishes to interfere with the "vis medicatrix naturæ." It seems almost incredible that a physician will advise that a crushed finger, hand or other injured part be poulticed, and advise this measure day after day; but such is the lamentable fact. We call attention to this poulticing of recent wounds in particular, because it has been our luck to see several cases of this form of malpractice recently, and if anyone who is in the habit of poulticing recent wounds should happen to see this we will be amply repaid if he or she will stop and consider the harm that will be done by so unscientific a procedure. If you wish heat and moisture for the relief of pain and congestion, immerse the part in hot water until the effect is accomplished. This will give greater satisfacion to your patient and do real good. "The sign is right" for a poultice when you wish to devitalize the part and hasten or promote the suppurative process. Don't apply them to recent wounds.

**Discrimination is Unjust** when not founded upon reason. As the *Doctor's Weekly* says: When a contributor to the medical press, of this country, happens to mention the name of a proprietory pharmaceutical product emanating from an American laboratory, his sincerity is at once challenged and his seatements are accepted *cum grano salis*,—if at all. He is charged with attempting to boom somebody's product at the expense of the publisher and with imposing upon the credulity of the average reader. On the other hand our medical journals teem with original articles, clippings and translations, relating to foreign pharmaceutical products that are not only *proprietary* but are also *patented*, and yet we hear no complaints from medical readers. We are unable to account for such discrimination, but that it exists, no one, who is posted on the subject, will deny.

**The Chemical Poisons of Disease.**—It was recognized from the first by some of the keenest intellects in medicine that the germ-theory of disease, as once more put forth under the influence of Koch's discoveriee, was inadequate to explain observed phenomena. Not a little courage was required to stand up and be called "old fogy," or "reactionary" by the unthinking, but one could not for the dread of obloquy stifle his reason and his scientific conscience says the *Medical News*. The proof of the etiologic moment of bacteria embodied in the celebrated "four rules of Koch" was manifestly insufficient, unless the microbe was admitted to be the sole factor in infection. The first—not to prove logically, but—to clearly demonstrate, by modern experimental methods, the necessity of aiding a fifth rule, namely, that the suspected microbe should be capable of generating within and without the body a poison that, when inoculated, should reproduce the morbid phenomena, was unquestionably Prof. Vaughan, of Ann Arbor; and at the Newport meeting of the American Medical Association (1889) he defended this doctrine against the skepticism of one of the leading bacteriologists of America; exhibiting, at the same time, crystals of a poison believed by him to be that of typhoid fever. America must, therefore, be credited with this further step toward the truth. Nevertheless, the whole truth is not apparent. The next step will be the demonstration of the morphologic and chemic factors of "susceptibility" on the one one hand, and of immunity on the other. Something has been done in this line, but the results are still obscure.

**Druggist and Physician** hold relations of the utmost interest to each. As the *Journal of the American Medical Association* says, the fact that druggist and physician are not working as harmoniously as of old is

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evidenced by the growing tendency to examine and analyze their true relations, and by the fact now being made clearly apparent, that a large body of medical men are in a considerable measure dispensing their own drugs. There can be no doubt that the druggist is a great source of comfort to the physician, and that when he devotes himself to the profession of pharmacy in the spirit of a scientific seeker after facts, he is laboring for the best interest of the physician and the patient and is deserving of support and encouragement at the hands of the medical profession as a whole. But, unfortunately for all concerned, he has chosen to place pelf above honor in many instances, and by so doing has cast an odium upon his honorable profession and freed the physician from all general obligation by his piratical ventures in the domain of patent medicine, counter prescribing and other like abominations.

An interesting change has lately manifested itself in the conditions of his business and he bids fair to be driven into the field of legitimate pharmacy, because there is no longer a profit in the illegitimate branch which has until lately flourished so rankly in our midst. Patent medicines, colognes, toilet articles of all kinds, even soda water fountains, are finding a place in the large department stores, and prices are being cut to a degree which makes the business unprofitable to the purchaser of small consignments. And while thus assailed upon the one side our druggist finds danger upon the other in the threatened desertion of his disaffected allies the doctors, who recognize in the new preparations a means of relief from a dependence which has in many cases proven irksome.

**An Offer** which is unparalled is made to its readers by the REVIEW and it is one which we would like to see all take advantage of. To all new subscribers the MEDICAL REVIEW and *St. Louis Medical and Surgical Journal* will be sent for one year on receipt of $3.00 The *St. Louis Medical and Surgical Journal* is a monthly of 64 octavo reading pages and as the year 1893 will be its semi-centennial, unusual efforts, have been made to render it more than usually interesting. A large number of the most prominent physicians of this country have promised to contribute papers, the majority of which will be illustrated. The REVIEW is a weekly retrospect of 20 quarto pages, and in connection with the monthly, will form a most valuable and instructive medical library offered at a price which is unparalelled in the annals of periodical literature.

**Public Baths.**—New York and Boston are doing more toward supplying public baths than most other cities. In Boston these baths, which are under charge of the Board of Health and are open during the four hot months of the year, were used 1,125,836 times during the past summer. Of the persons using them, 909,889 were men and boys, 216,947 women and girls.

**Oleaginous Medication in Urethritis.**—Dr. Eustathius Chancellor writes (*Jour. Am. Med. Ass.*) that more than a year ago, while on a vacation, he was in charge of several hundred men, some of whom were afflicted with the clap; and having but limited means at hand for their treatment. He was in a quandary as to the best method to pursue. The majority of the cases which came under observation were from five to twelve days after incubation, being just about the second period or stage of the disease, which was marked by an abundant, thick, greenish-yellow discharge, considerable pain on micturition, much heat of the caput and body of the organ, with redness of the urethra and meatus.

His attention had long since been directed to the remarkable properties of the chemical compound known as campho-phenique. Its high antiseptic and anesthetic properties, its freedom from irritant effects, and its complete solubility in bland fats and oils, had early suggested its usefulness in the treatment of many dermatoses, and its tested and proven value in these, in turn, suggested its employment in the condition of things with which he was confronted.

Alkaline baths and a suitable regimen were enjoined, and each individual was directed to use the following injection from four to six times daily, by means of a small blunt-pointed syringe, the contents (about two drachms) being retained from one to minutes:

| | | |
|---|---|---|
| ℞ | Campho-phenique, | ʒj ʒij. |
| | Ung. zinci. oxid. benz., | ʒj. |
| | Ol. oliv. | q.s. adʒiv. |

M.

This in a short caused an amelioration of the symptoms and a rapid convalescence.

The constant and almost daily use of campho-phenique has suggested several beneficial oily combinations. When properly prepared and used judiciously, the effects are as startling as the cure is speedy and permanent. A satisfactory experience has demonstrated that this agent, when mixed with oils or fats, is one of great value in venereal diseases, having properties which, for the sake of brevity, may be expressed thus:

1. It is an antiseptic, a local anesthetic and, in proper dilution, entirely innocuous to the tenderest urethra.

2. The vehicle should be albolene, benzoinol, any bland oil or fat, or an ointment.

3. As an injection it appears to palliate the sensitiveness of the mucous membrane, and to act as a varnish over the entire tract, thus allaying the scald-

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ing and irritation subsequent upon micturition. Pain is greatly mitigated after the first few injections, each of which should be retained for several minutes.

4. Campho-phenique readily mixes with aristol or iodoform, should such a combination be desired. One scruple of either substance may be added to each drachm of campho-phenique. But small amounts of such mixture should be ordered, as they must be freshly made every day or two. It is well to remember that the antiseptic index of campho-phenique is many times that of either iodoform or aristol.

5. Campho-phenique injections, as described above, have proven highly efficacious and satisfactory in cases of erosive granulations, ulcers and indurations of the urethra. The troublesome discharges due to inflammation of the lacunæ of the urethra succumb quickly to such injections, and danger of subsequent stricture is very much lessened.

6. The duration of the disease is remarkably lessened by the described treatment, the average length being from twelve to fifteen days, and could, I think, be further shortened by increasing the daily number of injections.

The following are given as examples of the mixtures spoken of above (4):

℞ Campho-phenique, - - ℥ss-℥j.
Iodoform, - - - ʒj. ʒjss.
Albolene, - - - - - ℥ij.
M.

℞ Campho-phenique, - - ℥ss. ℥j.
Aristol, - - - - ʒj ʒjss.
Benzoinol, - - - - ℥ij.
M.

℞ Campho-phenique, - - ℥ss ℥j
Bismuth. subnitrat., - ℥ij.
Ol. oliv, - - - - ℥ij.
M.

**Two Cases of Foreign Body in Lung.**—Mr. W. J. Midelton records the two following interesting cases (*Brit. Med. Jour*):

Case 1. *Pipe-stem.*—A man, in attempting to drive round a sharp corner in April, 1891, was thrown from his trap. At the time of the accident he was smoking a pipe. After the accident he was picked up insensible and found to have sustained a somewhat severe wound of the face. The pipe he had been smoking was searched for, but only part of it was found, and it was seen that a portion of the vulcanite stem was broken off. The patient was conveyed home and medically attended, having had in the meantime a sharp hemorrhage, presumably from the lungs. In due time he was able to resume his duties, but at times complained of pain and discomfort in the right lung. He always pointed to one spot in the front of the chest, and fancied he must have been bruised there. Careful examination with and without the stethoscope gave negative results. He also complained of a distressing spasmodic cough, sometimes lasting two hours, and on these occasions he said he left as if a fly or something was tick-his throat. On one occasion he coughed up a plug of tough mucus, roundish and about one and a half inch long. This circumstance was related to his medical advisers, but did not lead to anything. His case was diagnosed as gouty bronchitis. One day, nearly nine months after the accident, he coughed up a piece of pipe-stem, which proved to be the piece broken off the pipe at the time of the accident.

Case 2. *Mutton Bone.*—The second case occurred in the practice of Dr. George Hunter of Edinburgh. He has kindly written to me, and I cannot do better than quote his words. "Mr. J. M, while partaking rather heartily of mutton broth, felt something suddenly 'go the wrong way,' which caused some choky cough, but as nothing was seen, the incident, trivial in itself, passed by, and received little further attention. Some time subsequently he began to cough and a patch of dulness, with increased fremitus, followed by moist sounds, was detected in one interscapular region. There was also hemoptysis of considerable amount during the course of illness. Forgetting, or perhaps laying but little stress on the choking incident, which I think was mentioned to me, I began to fear that my patient was suffering from a pneumonic patch of tuberculous origin, when one day the symptoms resolved themselves by the appearance of a piece of mutton bone in the expectoration, which proved to be the *fons et origo mali*. I never published the case." Mr. J. M. tells me he retained the bone in his lung for one year.

These two cases, I think, seem to point to non interference in the way of tracheotomy, etc., where foreign bodies are taken into the lungs; in each case the substance inhaled was large, jagged and caused distressing symptoms. Both patients are alive and in good health.

**Notes on Acromegaly.**—Mr. James D. Staples gave the following interesting resume (*Hosp. Gaz.*) of this interesting condition: Marie, who first described acromegaly, based on a description of two of Charcot's cases, gives the following description based upon six cases which he has himself observed, and upon sixteen cases reported by other observers. Acromegaly is characterized clinically by a remarkable hypertrophy of the extremities (hands, feet, and head). The hands are enormous, their breadth being slightly out of proportion to their length. The fingers are sausage shaped, joints enlarged, lines in palm of hand greatly accentuated. The hypertrophy affects soft parts as well as the bones, and there is a great redundancy of flesh, especially near the hypothenar eminence; the wrist is enlarged, but to a less degree than the hand; the arm is often smaller than normal, and the forearm rarely exhibits any hypertrophy. The tendo Achillis, the malleoli, and the head of the fibula may be enlarged; the leg and thigh are not hypertrophied; the patella is often enlarged. The cranium is but slightly altered, but the face is elongated and notably changed. The

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eye-brows are prominent: cheek bones prominent (owing to dilated antrums). The upper lip slightly, but the lower lip greatly hypertrophied and everted. Chin large, massive, and very prominent. Tongue is greatly hypertrophied. Neck, short and thick, and well marked. Kyphosis in upper dorsal region (in advanced cases). Thyroid gland, small but never absent. The thorax is enormous, especially in anterior-posterior dimensions, and flattened laterally. Ribs are hypertrophied and oblique, the sternum projects very prominently forward in its lower part. The scapulæ and pelvis are hypertrophied. The muscles in the early stages are hypertrophied, exhibit an increased electrical excitability, and later become atrophic. Headache is intense. Sight and hearing are impaired. Larnyx is generally enlarged, and voice loud and deep. The desire for food and drink is great. Increased amount of urine passed. The heart is hypertrophied. Sexual desire is diminished or absent. Menstruation ceases early in women. The abnormal growth generally occurs between twenty and thirty years, developes slowly, and has a duration of about twenty years. The *causes* are unknown.

Pathology.—The bones of the extremities, and the extremities of the bones, are especially enlarged. There is, also, hypertrophy of the pituitary body with dilatation of the sella turcica, persistence of the thymus gland, and hypertrophy of the fibres and ganglia of the sympathetic system. Microscopical examination reveals a simple hypertrophy of the enlarged organs.

Differential Diagnosis.—Very little can be said except that in acromegaly the skin and subcutaneous tissues are abnormally thick, and so they are in myxe dema, but in the latter disease the bones are not enlarged, and they *always are* in acromegaly.

**Shock.**—Dr. Wm. C. Dabney closes a paper (*Medical News*,) by saying that study has led him to the following conclusion:

1. Shock is not due to a spasm of heart or vessels.

2. It is often due to a paresis of the vagus nerve, caused either (1) *directly* by emotions, severe jars, etc., or (2) by *reflex* influence from injuries of other nerves (certain poisons by *direct* action also cause symptoms much like those of shock).

3. It is questionable if shock is ever due to the inhibitory action of the vagus on the heart's action, but possibly some cases of sudden death from shock may be explained in this.

4. In many cases shock is due to the dilatation of the vessels in the abdominal cavity, which is often accompanied by a paresis of the vagus nerve.

**After Treatment in Childbirth.**—A novelty in the way of after treatment in childbirth is the application of the cold bath (*N. W. Lanett*). This has been reported by Pingler to have been used in two thousand cases, and he claims that it is attended with excellent results, expulsion of clots, etc., from the uterus and the prevention of hemorrhage and puerperal sepsis. The plan pursued is immediately after the expulsion of the placenta to place the patient in a sitz bath of a temperature of 50° F., cover her well with blankets and have the nurse rub with the hand the patient's back, abdomen and thighs, the genitals being douched with water of the same temperature as the bath. Reaction is said to occur within five or ten minutes, when the patient is removed from the bath and thoroughly dried. For obvious reasons it is doubtful if this plan will be carried out to any great extent in private practice in this covntry, but for originalty of invention it deserves a prize.

**Hypnotic Effect of Warm Bandages.**—Warm baths, as is well known, produce a calming effect, and tend to bring on sleep, and Alldorfer has attempted to apply such a method in patients where a sedative effect is desired, and yet where a bath is inapplicable (*Jour. de Med*). His method consists in wrapping the lumbar region and belly with linen cloths soaked in warm water, and then covering them with oiled silk or rubber cloth, so as to prevent evaporation, while the whole is kept in place and loss of heat prevented by a flannel cloth. This procedure is of ready performance, and the author says that by this simple means he has obtained the most astonishing results in the treatment of insomnia. By dilating the large vessels of the intestinal tract, by the warmth applied, a condition of anemia of the brain is produced, favoring sleep. These large intestinal vessels have very properly been termed the waste-gates of the circulatory system.

**Preputial Adhesions of the Clitoris.**—Dr. Robert T. Morris is inclined to the opinion that evolution is trying to do away with the clitoris. In a study upon this question (*Am. Jour. Obst.*) he develops the various phases of the question of which the following is a brief summary:

1. The prepuce aud the glans clitoridis are bound together by adhesions, partly or completely, in about eighty per cent of all Aryan American women.

2. Preputial adhesions are rare among negresses, and seem to occur in only a few of the individuals possessing a large admixture of white blood.

3. Highly developed domesticated animals do not present examples of the degeneration, so far as the author's observation has gone.

4. When preputial adhesions are extensive the glans clitoridis and the imprisoned mucous glands remaim undeveloped, but they may develop later when the physician has separated adhesions.

5. The failure of the embryonic genital eminence to properly develop the prepuce and glans clitoridis for perfect cleavage undoubtedly means that Nature is trying to abolish the clitoris as civilization advances.

6. The degenerative process represented by preputial adhesions is characteristic of the civilized type of *homo*

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*sapiens*, in which we find decaying teeth, early falling hair, and imperfect corneas and eye muscles.

7. Preputial adhesions which involve small portions of the glans clitoridis are of interest simply as anatomical curiosities.

8. Preputial adhesions involving a large part or the whole of the glans clitoridis may cause profound disturbance, and they are among the most pronounced of the peripheral irritators. They cause desire for masturbation which leads to neurasthenia, and they are responsible for grave reflex neuroses.

9. Preputial adhesions probably form the most common single factor in invalidism in young women.

The clitoris is a little electric button which, pressed by adhesions, rings up the whole nervous system.

**Antipyrine as an Analgesic.**—Dr. J. J. B finds that neuralgia especially facial is, in the majority of cases, controlled and dispelled by antipyrine. It is his practice to divide thirty to thirty-five grains into powders of five grains each and administer one every twenty or thirty minutes until the pain has ceased or the powders are exhausted. In cases of unusual severity he commences with fifteen grains, after which the patient takes five grains every twenty or thirty minutes. He gives antipyrine in these cases with the same confidence of success as when giving morphine and with the assurance that there will be no antipyrine habit developed as is the case with opium and its alkaloids. He has also used one-half grain doses hypodermically in cases of intercostal neuralgia. The pain subsided almost immediately, the antipyrine doing its work much quicker than morphine.

**Losophan.**—Under this name the Farbenfabriken, vorm. F. Bayer & Co., of Elberfeld, have introduced

$$C_6H(-I^3)(-OH)(-CH_3)$$

into commerce tri-iodo-metacresol as a new remedy in dermatological practice (*Pharm. Rundsch.*). It is obtained by the action of iodine on ortho oxy para toluic acid in the presence of alkali. It contains 80% of iodine. Losophan is in the form of white needles melting at 121.5° C. It is insoluble in water, slightly soluble in alcohol, and easily soluble in ether, chloroform, benzol, and in fatty oils heated above 60° C.

In dermatology it is used in a 1 to 2% solution in a mixture of three parts alcohol to one of water and in a one to 10 per cent solution in lanolin or vaseline for the commonest skin diseases caused by fungi including beard fungus (mycosis tonsurans) chloasma (pityriasis versicolor) itch (prurigo) and for chronic infiltrated eczema, sycosis vulgaris acne vulgaris and acne rosacea.

The application of losophan was without effect in nettle-rash, dry scale scab or syphilitic eruptions. Descriptive pamphlets on this new remedy may be obtained of W. H. Schieffelin & Co., New York.

**Melancholia Reaction.**—Dr. S. V. Clevenger says (*Times and Register*): In my practice, two recent cases of melancholia of apparent hepatic origin, at least the liver participated in the general atonic state, upon recovering exhibited considerable exaltation of spirits.

One, a young lady of nineteen, was treated with persistent dosimetric granules of hydrargic mild chloride, and the other, a lady of sixty, underwent a course of vigorous hot bathing; elimination action, in both cases, was probably the cause of their sudden recovery.

The exaltation was so decided in the young lady's case that I feared a mild mania had set in and that circular insanity was developing, but the good feeling in both instances merely seems to be due to relief from the preceding depression.

Some of the alternating melancholias and manias appear to be toxemias, but mere recovery from a former melancholia would be sufficient to account for considerable exuberance by way of rebound.

**Action of Alkaloids of Cod Liver Oil.**—M. J. Bouillot recantly presented a summary of his experience on these products. He stated that the remarkable studies of MM. Gautier and Mourgues on the alkaloids of Cod Liver Oil, show us definitely the nature of the principles to which are due to a very great extent, its medical properties.

The physiological experiments made by these authorities on animals prove that the alkaloids referred to act:

1. As stimulants of nutrition and of the circulation.
2. As diuretics.

In presence of such remarkable results explaining the therapeutic action of the oil he thought it possible to utilize in medicine the alkaloids themselves; besides it appeared to him interesting to enquire if the effects observed by MM. Gautier and Mourgues, in their experimentation on animals and especially its action as a stimulant to the appetite and diuresis, were noticeable when exhibited in a human being.

Guided by this idea, he prepared some of these same alkaloids but in the present case he has not attempted to isolate them, and he has administered therefore the whole of the active principles of Cod Liver Oil as a medicinal unit. *

The dose administered by the mouth to normal subjects in 24 hours, varied from 15 to 25 centigrammes.

The analysis of the urine made before and after the administration of these alkaloids showed that:—

1. The volume of urine voided during the 24 hours, as well as the amount of urea, was considerably increased,
2. That it acted as a powerful stimulant to the intra organic oxidization, a fact already formulated in the conclusions of the original work.

From a clinical point of view the following are some of the results obtained on treating a number of patients with the active principles of Cod Liver Oil:

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1. Five young women with vague pains, loss of appetite, progressive decrease of strength, neurasthenia: The effects in the first place were increase of appetite, return of strength, with loss of the painful symptoms referred to. Three of them who had not menstruated for a considerable period were relieved of the suppression in a short time after beginning the treatment.

2. In the case of two children who were suffering from malnutrition, the appetite promptly returned in a few days.

3. Three patients who were afflicted with severe eczematous eruptions at each menstrual period, were cured of this trouble.

4. In two cases of bronchial catarrh in old patients, the alkaloids produced the well known effect of Cod Liver Oil, and were administered with advantage and perfectly tolerated.

These observations show that the active principles of Cod Liver Oil are of undoubted value as therapeutic aids where the oil is indicated.

* M. Chapoteaut, in 1885, was the first to demonstrate that apart from the oil considered as an assimilable fat, there existed, in variable proportions, a number of alkaloids &c., and these he removed from Cod Liver Oil in the form of Morrhuol, representing all its active principles.

**Specific Treatment of Enteric Fever.**—In a paper read before the One Hundredth Annual Meeting of the Connecticut Medical Society, Dr. Gustavus Eliot, strongly recommended a form of specific treatment, which embraces the use of calomel, in connection with the tincture of iodine and carbolic acid (*Med. and Surg. Rep.*). In an experience of eight years with this plan of treatment, he has had the happiest results and uses none other.

The first requisite towards success is, to begin early, as soon as correct diagnosis is made. He commences treatment in every case, by giving ten (10) grains of calomel every other day until four doses are taken, also a mixture containing one drachm of carbolic acid and sufficient quantity of tincture of iodine to make four (4) drachms. Give patient four drops in a wine glass of water every four hours. To one who has been taught that cathartics should always be avoided in typhoid fever, this bold medication may seem reckless but the author claims better results than from any other plan.

He claims that the duration of the disease may be shortened and in some instances its course may be arrested. The treatment should be carried out at least ten days.

To the skeptical, he urges a trial of this plan, not in a single case but in ten cases. Trust not to memory, but keep a record and note results.

If desired, mineral acids may be prescribed, but be cautious of weakening the heart by use of the newer antipyretics. He does not recommend the distressing of the patient by plunging him in a cold bath.

## An Elegant and Reliable Addition to our Therapeutic Resources.

Editor MEDICAL REVIEW.—In the debilitating climate of this section (North Lousiana) the physician comes across a great many cases, where the prevailing diseases, careless habits of eating and sleeping, as also the sudden changes from cold to hot, cause the doctor trouble in many ways. It has been my good fortune to have had to treat only one case of syphilis, none of scarlet fever, or true diphtheria. But anemia arising from malaria, pneumonia, measles, typhoid or continued fever; their number is "legion".

In these cases after having tried all the old and many of the new remedies, one looks about anxiously for something among the added wealth of all years, to aid him,—something he can "rely upon".

One case, in which I was badly handicapped, was a seven months pregnant woman, of forty two years, recovering slowly from an attack of thirty day chills; legs swollen, generally anemic and with the usual loss of weight and of appetite and defective assimilation. She was covered with "furunules", ten to thirty being present at a time. I have heard of the "Elixir of Three Chlorides" Renz' & Henry's and sent for some of it, using it strictly according to direction and literature I received with it. I am somewhat of a doubting Thomas on "new remedies" so, contrary to my expectations, my patient improved rapidly. All the bad symptoms disappeared and she was in very good trim when I delivered her, two months afterward, of a nine and a half pound boy.

Another case. A sickly child of 6 years, scrofulous by heredity, badly nourished and with the accompaniment of furunculosis. After trial with my old remedies and no amendment, I gave her the R.&H. Elixir of Three Chlorides. Three months afterwrad found my little waxy girl fresh and hearty and able to outrun her medical attendant.

Since then I have used it in a large number of slow convalescents, not only previous to, but following, parturition. These are cases which resist all our old remedies, the cause being a scrofulous taint. In these cases the action of the elixir is very marked; in some it seems to act slowly, but not the less surely; also its good effects are not limited by the age of the patient. In the weakly infant of a few months, and the adult of 83, in the woman passing through the menopause, with her troubles of bowels, bladder and uterus, in the old man with his prostatitis and backaches, it does its work

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and does it with the action being decided and lasting.

I have also seen a few cases which from heredity and peculiar idiosyncrasy, may later on have run into malignant growths, pass the time and grow stronger with a fair promise of old age. Of course, a country Doctor's chances of seeing the action of medicines on a number of similar cases, is not like an hospital Physician's. But he has the better opportunity of watching his patient through many years. From my experience with the Elixir of Three Chlorides, I heartily recommend it to my friends believing it everything that it claims to be, a splendid alterative and tonic.

Brodnax, La. DR. BEN. H. BRODNAX.

## Atresia of Vagina.

Editor MEDICAL REVIEW.—October 20, 1892, I was called to see a married lady who had been suffering, since she was thirteen years of age, from "suppression of the menses" as she termed it.

A young man, practicing with me at the time, had called to see her about two months previous, and had put her on regular treatment to establish "suppression."

I asked her a great many questions which she answered readily. I found she had never menstruated, although she was eighteen years of age and had been married two years. She had suffered constantly from headache since she was thirteen years old.

She said she loved her husband but had no desire to copulate with him, and manifested a perfect horror when he mentioned intercourse with her. In short, she is perfectly void of passion, and has never noticed any discharge from the vagina.

She bluntly refused to be examined and declared that she "never would submit" to a vaginal examination. After much persuation, however, she reluctantly submitted.

I found her to be a paragon of female perfection except for the following very rare defect:

I discovered by digital examination, confirmed by the introduction of the speculum that she was suffering from atresia or obliteration of the vagina.

I found it utterly impossible to introduce my finger or speculum more than three-fourths of an inch into the vagina, or to find any connection whatever between the vagina and uterus. The labia are undeveloped and the membrum muliebre was not discoverable.

I shall operate upon this patient in a few days, after which I will again report to the REVIEW.

Morganton, Tenn. I. A. ANDERSON, M.D.

## Fractured Patella.

Editor MEDICAL REVIEW.—I do not claim anything new or novel in this manner of dressing a fracture of the patella; but, having had a few cases which I dressed in this manner with such pleasant results and so much comfort to the patient, I presume to send you a short notice and if the professional brethren think anything of the method I will feel fully repaid for my trouble.

The drawings that accompany this will very clearly explain the whole technique of the dressing and I will only add that when the ring is adjusted inclosing the fragments now in apposition it is firmly held and the elastics are put on the stretch and the adhesive strips attached to the roller bandage and firmly fixed.

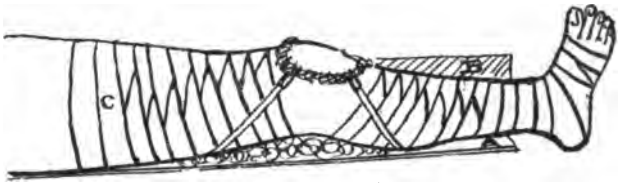


FIG. I. SHOWING THE LIMB AFTER BEING DRESSED.

A. Posterior Splint.
B. Lateral Splint.
C. Roller which is applied first.

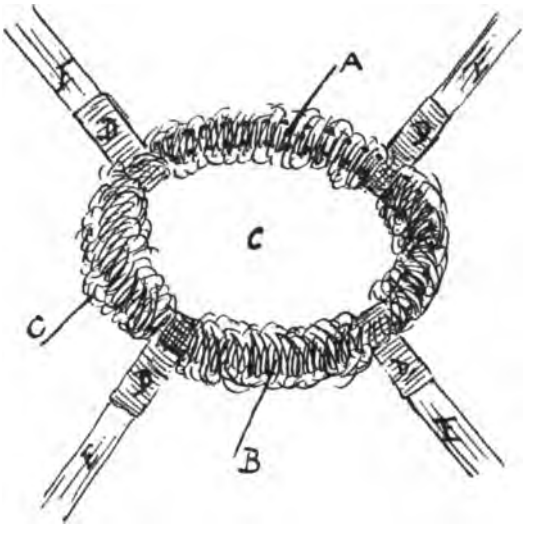


FIG. II. BEING READY FOR ADJUSTMENT.

A. Simply an oblong iron ring.
B. Layer of absorbent cotton aroung ring.
C. A thick layer of wool or jute.
DDDD. Common elastic.
EEEE. Adhesive strips attached to the elastic bands.

This keeps up a constant pressure without injuring the surface by too much unyielding force and the wool-wrapped ring obviates the overheating of the part allowing a circulation of air between the dressing (ring) and the skin. This should be allowed to remain until union has taken place and then removed and another and less cumbrous dressing put on.

Stanburg, Mo. E. HOUSTON, M.D.

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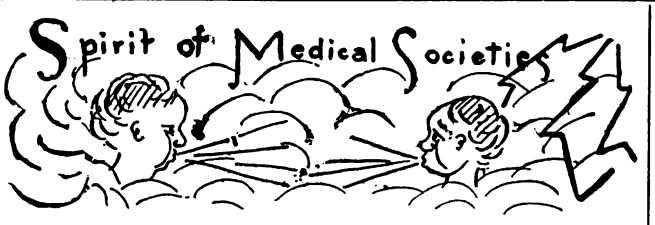


**Intestinal Anastomosis by a New Device.**—In this paper by Dr. H. Horace Grant, read before the Southern Surgical and Gynecological Society, (*Va. Med. Mo.*) reference was made to Abbe's suggestion of direct suture without plates of any kind, and to the necessity for a longer cut in the gut to avoid closure of the opening by a cicatricial contraction. It was insisted that direct suture was a tedious step, and could not be safely undertaken by the general surgeon, not previously trained in such work, with any expectation of completion in consideaably over an hour, which was a dangerous expenditure of time. To secure opening enough, and to guard against too great contraction, an elliptical anastomotic opening should be made, two inches long and one fourth inch in tranverse diameter. The opening may be then approximated by the plates of raw-hide, as now used and understood. Plates long enough to approximate four-inch incisions, as suggested by Abbe, would be unsafe, and almost unmanageable. to facilitate direct closure without any plates, a scissors cutting clamp was shown. The two blades are oval the opening two and a quarter inches wide. A shoulder one-eighth of an inch wide surrounds each blade. The arms of the blade allow full five inches introduction into the bowel, thus leaving one and a quarter to two inches of free ends for invagination. After the re section, the divided ends are held parallel, and the blade passed into each, and the clamp tightened. Now the two surfaces thus approximated are rapidly stitched together around the clamp by a continuous over-hand Lembert suture of fine silk. The suture is interrupted and tied every inch or so to insure approximation. Two rows of suture may be employed if it seems desirable. This work can be done far more rapidly than without the clamp. The clamp is now again tightened, if need be, and a long pair of dressing forceps passed into the bowel, and the plug removed or pushed in. The scissors action of the clamp and the pressure prevent all hemorrhage. The clamp is now withdrawn, and ends invaginated in the usual way. This instrument can be used only after resection. It was the writer's belief that the oval opening, with two-inch plates, would offer the safest plan in anastomosis without resection, and that the clamp would be of great service after resection.

**Umbilical Hernia in the Female.**—Dr. A. Palmer Dudley described before the American Gynecological Society his method of dealing with these cases, and said that he was not an advocate of the plan of simply returning the parts without incising the peritoneum. He did not wish to risk leaving anything in the abdomen which might be a source of danger, and for this reason it was his custom to open the peritoneal cavity. While he usually relied upon catgut in most operations, in such cases he thought it unsafe to depend upon it to retain the divided abdominal wall in coaptation. In closing the wound, silver wire sutures were used to take off the strain, and catgut to coaptate the parts more closely. The ends of the silver wire were passed through a small rubber canula, which at the same time did away with the necessity for twisting them and also served for drainage. In all the cases union had been secured with almost entire absence of suppuration and with no rise of temperature. He felt satisfied that hernia would be less likely to follow laparotomy if operators would be more careful in closing the abdominal incision.

**Intestinal Obstruction Due to a Large Gall-Stone.**—Dr. Johnston gave notes, before the Medico-Chirurgical Society of Montreal, (*Can. Med. Rec.*), of the autopsy on a case under the care of Dr. Armstrong. The patient had a large hernia in the abdominal wall, on the right side of the umbilicus, and in which a large portion of bowel was present. A fecal fistula had existed at one time in the region of the hernia, but was healed at the time of the autopsy. There was no peritonitis, no strangulation of the bowel. The upper part of the small intestines was distended with fluid feces, while the lower part was collapsed; just where the ileum passed into the hernial sac a large mass could be felt, which proved to be a gall-stone about the size of a walnut, and facetted. On examining the intestines, a fistulous opening between the head of the gall-bladder and the second portion of the duodenum could be seen; the gall duct was somewhat dilated and contained some small stones, but there was no obstruction in the common duct. The patient had been subject to attacks of colic, and became quite yellow. Four days before death she was seized with vomiting, pain, and enlargement of the hernia; her condition appeared to improve, but she died suddenly.

**Hyperemia and Hypertrophy of One Arm.**—Dr. Glover Lyon showed, before the Hunterian Society, a woman aged about 35, with extensive persistent hyperemia and hypertrophy of the left shoulder and almost entire upper extremity. The skin was red, the color disappearing on pressure, the bones and muscles enlarged. The patient was not left-handed, though that upper extremity was the stronger. The surface was warmer than on the other side, but often felt more chilly to the patient There were pale patches, especially on the back of the hand. The edge of the redness resembled that of a blush, and extended over most of the pectoral region.

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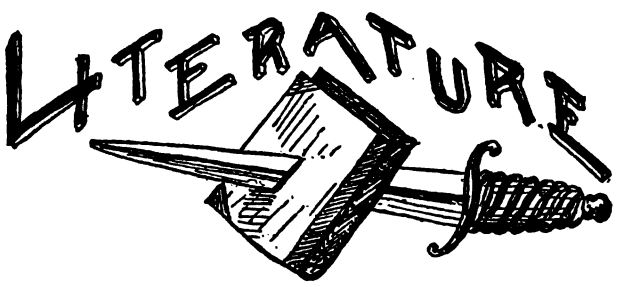


**A Treatise on Diseases of the Rectum, Anus, and Sigmoid Flexure.** By JOSEPH M. MATHEWS, M.D. 8vo, pp. 537. With Six Chromo-Lithographs and Numerous Illustrations. [New York: D. Appleton and Company. 1892.

So far as we are aware this is the first formal treatise on rectal diseases which has appeared on this side of the Atlantic and it could not have been placed in better hands than the author's for a complete elaboration of the subject. The diseases of the rectum, anus, and sigmoid flexure are a veritable *terra incognita* to the majority of physicians. This knowledge stops at a few vague ideas concerning "piles" and the field has been left largely to itinerant quacks who are forever discovering and obliterating "rectal pockets," or who dilate upon the great and lasting troubles caused by "papillæ." In latter years, however, we have been pleased to note that rectal surgery has obtained its proper position as a recognized specialty of no mean importance. A perusal of Dr. Mathews' work will show the reader how much importance invests the subject when it is handled by one imbued with sufficient knowledge and experience.

An innovation which has been introduced in the work before us, for we do not find a mention of it in other works on the subject, is the consideration of diseases of the sigmoid flexure. The author regards this part of the intestine as intimately related to the rectum in many respects and therefore deserving of especial study in the diagnosis and treatment of diseases of the terminal portion of the intestinal canal. This is certainly a judicious method of looking at the subject, for the sigmoid flexure acts much as a reservoir to relieve the rectum of much work which might eventually prove a source of irritation.

The hysterical or nervous rectum is another subject not usually found in works of this kind; and rectal reflexes is also introduced as a sort of complementary subject, the two comprising what are to day considered as among the most important affections of the rectum which are brought to the attention of the physician. An operation for fistula, devised by the author, is very clearly and elaborately described and *en passant* the fistulotome employed in its performance is introduced to the notice of the reader. It is certainly ingenious and simple rendering what appears to be a formidable operation a very easy matter. It sustains the same relations to fistula that the amygdalotome does to hypertrophied tonsils, and that it is efficient we have had occasion to note by actual observation.

Cancer of the rectum if low down is extirpated by the author by means of proctotomy. If rather higher up he employs Kraske's operation which he much prefers to Alexander's. However, he does not advise it when the sigmoid flexure is involved, preferring some other operation, although he cannot very warmly advocate extirpation which he acknowledges however, has been successfully done by Wm. T. Bull. So far as stricture of the rectum is concerned he states that more than one-half of the cases he has seen were caused by syphilis, a statement with which th se who have any experience will readily agree.

The entire work is a most interesting and reliable guide written by a man who has had an experience of fifteen years as a rectal specialist and who is known to be transworthy in every respect. The book is properly illustrated and enriched by the addition of six chromo-lithographic plates. We heartily commend it as a valuable work which has certainly added to the fame of American medical literature.

**The Grand River District Medical Society** met Thursday and Friday December 1--2 last in Brookfield, Mo. There was a fair attendance and some interesting papers were read—one especially by Dr. Stratton of Rothville, on Fistula in Ano, deserves mention. This society embraces the territory contiguous to Grand River and comprises some eleven or twelve countries. The society is in a very flourishing condition. The next meeting will be at Carrollton at the first Thursday and Friday in June 1893.

**Verrhus Clemiana in Syphilis.**—Deering J. Roberts, M.D., late Professor of Theory and Practice of Medicine in the Medical Department of the University of Tennessee, writes as follows to the Clemiana Chemical Co., of Atlanta, Ga.: "I have been using your preparation, Verrhus Clemiana, for some months in a series of cases, consisting of secondary and tertiary syphilis and scrofula. So far I am well pleased with it, and have already obtained practical and most satistory results."

**An Endorsement of Tritica.**—The following has been recently received by the manufacturers of Tritica: The Searle & Hereth Co.—Tritica came duly to hand. Triticum repens has, for some years, been a favorite medicine with me. I first learned of its virtues from Dr. Grailey Hewitt, of London, some twenty years since. Your preparation seems to be most excellent in its effects. The sample you sent to the St. Louis Children's Hospital, has been employed with good results. I shall continue to prescribe Tritica whenever I find it indicated. Yours very truly,

St. Louis, Mo. T. GRISWOLD COMSTOCK.

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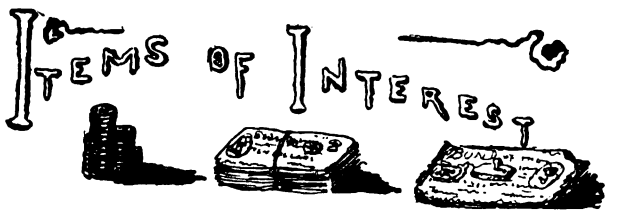


**Too Much Needle.**—A man recently brought suit against the proprietor of a London restaurant to recover damages for injury received in swallowing a needle with the spinach. He lost his case because he had no witnesses to prove that the needle was in the food.

**What's in a Name?**—The inhabitants of Tottenham, London, have been greatly distressed because it was proposed to erect a new fever hospital there, and they feared the region would get a name. They have been pacified, however, by the promise of the authorities to call the institution the North-Eastern Hospital instead of the Tottenham.

**The Latest Cholera Story.**—A stranger arriving in Paris the other day, says the *Daily Graphic*, was accosted at the station by a man who stated that he was a sanitary agent. "Have you been disinfected?" he asked. "No," replied the traveller. "Very well, then, follow me." And the "sanitary agent" led the way to a house in the rue Lafontaine, near the station. At his bidding the traveller entered a large bare room and took off all his clothes, which were taken away to be disinfected. Time passed; the traveller grew cold and impatient, tried the door, only to find it locked, and at length realized that he was the victim of a new and ingenious form of robbery.

**Castration Before Marriage.**—The following appeared some time ago in a cotemporary: The courts of Birmingham have been occupied with a very curious affair. A Dr. Malins, having performed an exploratory laparatory on a young lady, and having found nothing abnormal, closed the abdomen, leaving the ovaries *in situ*. The year following, still suffering, the patient addressed herself to Mr. Lawson Tait, the celebrated, who, having opened the abdomen, removed one ovary. He did not remove the other because he could not find it. The patient made complaint against Dr. Malins, accusing him of having removed an ovary without her consent, and was supported in the charge by Mr. Tait. Dr. Malins denied the accusation, saying he had removed nothing. The court was embarrassments. If the judge had been a Solomon he would have ordered the abdomen in question slit open a third time; but he was not a Solomon and was much perplexed. Happily in the meantime the young woman, who had married, became *enceinte*, much to Dr. Malin's delight and to Mr. Tait's discomfiture. History saith not if Mr. Tait promised to be more reserved in the future.

**A Prescription** for "summer diarrhea," appearing in a medical journal at this season of the year, reminds us of poor Jim Griffin, who said, "I don't wear no overcoat, 'cause I want folks to see how tough I is."

**An American Text Book** of the Medical and Surgical Diseases of Children is in preparation and will be sold by subscription only. W. B. Saunders, the well-known Philadelphia publisher, will issue this work at a very early date. It will certainly be a book of superior merits if we are to judge from the list of distinguished authors who will contribute.

**Gynecologists on the Hop.**—The concluding scene of the first periodic International Congress of Gynecology and Obstetrics (held at Brussels, September 14th, 1892) is thus described by Dr. G. Richelot: "The true finish of the congress took place at the residence of President Kufferath between eleven and twelve o'clock on Saturday night, September 17th. Figure for yourselves an improvised ball, where the principal waltzers were Porro, of Milan; Cameron, of Glasgow; Martin, of Berlin; and Heinricus, of Helsingfors. More or less choregraphic display was to be expected from Ziembecki, of Lemberg, always young and Parisian, but Cameron! He who has not seen the jig danced by the Glasgow professor has seen nothing, and the best waltzer was undoubtedly Martin, of Berlin." The same account from which the above is copied mentions the presence at the congress of Sir Spencer Wells, but apparently he did not figure at the ball; and where were the other British gynecologists—where were Dr. Barnes, Dr. Godson, Dr. Playfair, etc.? Can they not dance? It is also a matter of observation that very few American gynecologists took any part in there saltatorial exercises.

**Amateur Dentistry.**—The following appears in the *Dental Register*: A case of amateur dentistry, which is simply amusing, will complete the list.

A lady had been wearing a plate with two front teeth. One morning she dropped them on the floor and stepped on them, breaking off both the teeth. She had engaged to go with her best fellow to a party the following evening. A dentist would not mend them in time, as she lived some distance in the country. She could not go without them; yet go she must She was in a dilemma.

Fastening the pieces of rubber together with wax, she had a model to work from. She would carve out a set of teeth for herself. What material could she use? First she tried a white turnip. Discarding that, she took a yellow baga turnip, which was of a firmer texture and a better color. And with this baga turnip and a pocket-knife, she actually carved out a plate with teeth attached, the whole thing tne size and shape of the original "store teetb." And so successful was her work that she wore teis turnip-plate to the party without detection. Soon after she carved a second set which she wore once. After that she again applied for professional services.

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**The "American Text Book of Surgery"** edited by Professors Keen and White of Philadelphia, which has only been issued a few months is already a phenomenal success. It has been adopted as a "Text Book" by forty-nine of our leading Medical Colleges and Universities. Nearly five thousand copies have been placed in physician's libraries, and every indication points to a sale of at least as many copies more in the next six months.

Dr. Nicholas Senn, of Chicago, is now preparing a "Syllabus of Lectures on the Practice of Surgery" arranged in conformity with the "American Text Book of Surgery" which will be a valuable aid to all who have this great book.

**A New French Hospital.**—The French Benevolent Society, of San Francisco, is going ro build a magnificent $200,000 hospital on the block bounded by Point Lobos, Fifth avenue, A street and Sixth avenue. The location is one of the healthiest in the city and commands a fine marine view. Prizes were awarded on the 9th of November, for plans. Mr. William Mooser of San Francisco, and M. Goustiaux, of Paris, carried off the first prize of $600, and Emile Depierre, the second of $400. The hospital will be built after the pavilion system, and is to accommodate 150 patients; 25 beds for chronic cases; 100 beds for the different wards and 25 beds for pay patients. There will be six beds for contagious diseases, twelve for tuberculosis and twenty for surgical cases.

**Ascites or Pregnancy.**—An unfortunate error in diagnosis and treatment was recently made in the city of Stockton, and has become public property through the medium of the papers (*Occi. Med. Times*). It appears that a Mrs. Ford, who had previously borne five children, consulted a physician for what she supposed was stomach trouble. The gentleman in question informed her that she was pregnant, and that the supposed trouble was due to her condition. The patient however, was not satisfied and later consulted Dr. Beede, of that city, who told her she was not pregnant but suffering from dropsy. As the "swelling" persisted under internal treatment, he decided to tap, and the operation was accordingly performed with the assistance of another practitioner. No fluid was found, but on the following day the woman was delivered of male twins, apparently of about four months' growth. The woman was seriously ill for some time, but has now recovered. While distressing mistakes of this character have been made before, it certainly appears that in the present case there was but little excuse for the error. A history of pregnancy in a married woman, and the opinion of a physician that this condition existed would certainly demand most careful iuvestigation. With twin pregnancy of over four months duration, it is difficult to see how, even in the absence of a positive diagnosis, there would have been ample grounds for suspecting something more than ascites.

**A Royal Heart for Sale.**—The heart of the French Dauphin, son of Louis XVI. and Marie Antoinette, was removed at the autopsy ninety-seven years ago, and has been preserved in alcohol ever since. The heart was in the possession of Dr. Pelletan who performed the autopsy. His son having recently died, the specimen is to be sold at auction.

**The Quack Question in Mansfield, Ohio.**—At a meeting of the Council of the City of Mansfield, Ohio, held on November 29th, an ordinance was passed by a two-thirds majority which is intended to prevent any quacks, itinerant vendors of medicine, "tooth-pullers," or other impostors practicing their nefarious schemes in that city without first getting a permit from the health officer, who, by the ordinance, is required to be a regular physician (*N. Y. Med. Jour.*). The ordinance also requires these persons to display a diploma from some respectable college before the health officer can give them the necessary certificate entitling them to a license at all. On the presentation of said certificate to the mayor they can receive a license for which they must pay not less than $25 nor more than $50 a day, and are also subject to a fine of not less than $25 nor more than $50 for each and every offense against the ordinance. The law goes into effect immediately after its publication, and applies to physicians, midwifes, pharmacists, and dentists. If all the city councils throughout the State of Ohio would follow the example set by the the council of Mansfield, they would take a grand step in the direction of getting rid of quacks and impostors. which infest all the large cities of the State. This plan has been tried in Kentucky and, so far, has proved to be of great advantage in getting rid of these leeches. It should be followed in all the States that have no special laws or can not get special legislation to remedy this great evil.

**Length of Life.**—According to life insurance statistics, it appears that commercial travelers and agents live longer than men in any other kind of business, notwithstanding the hazards which attend transportation by rail and water. Next to them come dentists, teachers and professors, including music teachers. Then come hatters, clergymen and missionaries. Next come bankers and capitalists, who seem to live just a trifle longer than the butchers and marketmen. Lawyers and jewelers follow, and they are succeeded on the list by merchants, peddlers, milkmen and pawnbrokers. Then come gardeners, laborers, civil engineers and canvassers. Book-keepers and bank cashiers, as well as artists and architects, are ahead of newspaper men. They come in next with the printers, physicians and gentlemen who are not engaged in any active employment. Then follow the apothecaries and photographers, and after them in order, bankers, cigarmakers, real estate agents, army officers, liquor dealers, mariners and naval officers. Shortest lived of all seem to be the auctioneers, boarding-house keepers, barbers and drivers.

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**Pylorectomy and Vivisection.**—Experiments on animals for the purpose of studying the best methods of intestinal suture have been cited as illustrations of the value of vivisection (*Ex.*). Replying to this, Mr. Lawson Tait makes the following extraordinary statements: "Resection of the intestine does not differ in any one of the principles involved, nor very much in details. In whatever part of the intestinal canal it is practised 'pylorectomy' has nothing therefore to single it out as a case where experiments on animals are required more than in other parts of the intestine. But if Mr. Jessett wishes to claim for it such a char acter I will grant his premise at once, because it is one of the class of operations which I utterly condemn. I have never done it, and I never shall, for the disease is malignant nine hundred and ninety nine times in a thousand, and inevitably returns. In the odd case where the disease is not malignant the operation of pyloric dilatation (Loreta) has been shown to be sufficient. We now know also that such operations as gastro-enterostomy lead to permanent and continuous fecal regurgitation, so that the whole scheme of such operations is gradually being dropped. This is the fate I predicted for them years ago." Surely nothing could be more absolutely false than this. Without going into statistics it is sufficient to say here, that in New York, within a short time, two operations for gastro-enterostomy have been successfully done, with great, and so far permanent, relief to the patients.

**The Modern English House-Surgeon.**—According to Miss Kenealy the present day house-surgeon is an uncouth, unmannerly follow, whose haughty and even harsh behavior towards the ward nurses is deserving of the severest censure. We are at a loss to imagine on what *data* this sweeping condemnation was based, for we were of opinion that the fault, if any, was more likely to be in the opposite direction. We will, however, admit its accuracy, just for the sake of bringing in the explanation offered by Sir Spencer Wells of the conduct complained of. The house-surgeon of fifty years ago could afford to affect a condescending familiarity with the nurses, *a la* Mrs. Gamp, who then discharged the duties at present fulfilled by smart, for the most part well educated and refined, maidens, youthful and often prepossessing whose charms are heightened and whose natural seductiveness is enhanced by a trim and very fetching uniform. As Sir Spencer Wells pointed out, the attitude of the present resident medical officer is really one of self-defence. He fears lest suavity of manners and amiability of address should be construed as indicating matrimonial intentions, and as nurses are usually on the alert to take advantage of ambiguous situations, he, poor man, unable to fly, seeks refuge and security in ducal or even princely arrogance. It is, in fact, his way of intimating a *noli me tangere*. Nurses ought to congratulate themselves on conduct which only infers a dread of their charms and a desire to remain in the path of virtue, thus tacitly admitting their supremacy.

**Tenia Nana.**—Twenty worms of the tenia nana variety were recently found in the small intestine of a negro, who was admitted moribund into an Egyptian hospital. This is only the second time the worm has been found in Egypt since Bilharz first discovered it there in 1851.

**Hospital Abuse.**—The Syndicate of the Medical Practitioners of the Seine Department has undertaken a good piece of work. The Paris hospitals, which, strictly speaking, should be reserved for the poor, are practically open to all comers, whatever means they may possess. An organized inspection service is supposed to inquire into the pecuniary position of hospital patients. It is difficult to say whether this service has an insufficient or an inefficient staff, but it is certain that a considerable proportion of the patients admitted could pay medical fees, and thus exclude the really poor, who are deprived of medical care which they cannot obtain elsewhere. Often the doctors themselves are to blame for this abuse.

**Deficiency of Clinical Material.**—The Central Committee of the Berlin medical district societies (Berliner aerztliche Bezirksvereine) held a meeting recently to decide on a petition to the municipal authorities in Berlin, praying: (1) That in the municipal hospitals more opportunity be given for a thorough practical training of medical men, since the university clinics are not sufficient for the purpose. (2) That the medical service in the municipal hospitals be regulated in a way that for every hundred, or hundred and twenty, patients one physician-in-chief and at least two assistants be provided. (3) That specialists be appointed for the treatment of special diseases.

**Bacteriology as the Farmer's Friend.**—At a recent meeting of an agricultural association in Berlin, Professor Hilgard, Director of the Agricultural Research Station in San Francisco, gave an account of a method of getting rid of the destructive "field bug"—apparently a near relative of the Colorado beetle—which has lately been tried in the Western States of North America with most satisfactory results. The plan is on the same lines as that so successfully carried out by Professor Loeffler in the plague of field mice in Greece. The virus of a disease affecting the "field bugs" has been isolated, and is used to infect a few of these noxious insects, who are then left loose in the places where their congeners most do congregate. The result is an epidemic which works such havoc among them as only the pen of Homer or Mr. Rider Haggard could describe. So fully recognized is the efficacy of this measure, that the farmers in all the North-Western States of the Union, notably California, Nebraska, and Kansas, now send living field bugs specially captured for the purpose to San Francisco to be infected, so that they may be utilised for the extermination of their kindred. Nothing is said as to the employment of anæsthetics.

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**Dr. Elisha Bacon Shapleigh,** a well known physician, who was for a number of years Coroner's physician in Philadelphia, died in that city, Dec. 8th, aged 68.

**Dr. Edwin Gale Freligh,** of New York, died Dec. 11th of heart failure, from which he had been suffering for a long time. He was born in Saugerties, Ulster county, N. Y., on August 2, 1838, was educated at the Rhinebeck Academy and in the Chelsea Collegiate Institute, was graduated from the New York Medical school in 1860 and practiced his profesion ever since.

**Cholera Germ in Cigars and Tobacco.**—The Hygienic Institute of the University of Berlin has published the following conclusions, after repeated experiments made with relation to the spread of the cholera germ through cigars and tobacco (*Boston Med. and Sur. Jour.*)

The comma bacilli of cholera Asiatica die through drying up on dried tobacco leaves even quicker than through drying up on glass, and in this condition they die in an hour on the average. On moist tobacco leaves the comma bacilli do not increase, and are killed after a short time. The comma bacilli were not proved to exist in the examples of cigars manufactured in Hamburg during the prevalence of the epidemic. Through the fermenting and drying processes which cigars must undergo before they are ready for shipment, the cholera bacilli are killed after a short time, even when packed by way of experiment in the linen bands about the cigars. Tobacco smoke checks the development of cholera bacilli and is quickly fatal.

**Toothache in the "Good Old Times."**—St. Augustine, in his "Confessions," relates (*Am. Jour. Dent. Sc.*) how he once suffered from "dolor dentium" (toothache), apparently in an aggravated form, for he could not speak. Thereupon, he wrote on wax a prayer to God for the other brethern to repeat, and as soon as all were on their knees the pain went. "But what a pain!" he says—"never since my tender age had I experienced the like." Southey, in his "Life of John Wesley," tells of that eminent preacher that when his own tooth ached he prayed, and the pain left him.

Unfortunately ordinary men do not seem to have such efficacious faith.

When the excruciation begins they must bear it philosophically; and on Shakespeare's authority, toothache finds out just the weak place in the philosopher's armor of patience. In the Middle Ages, the devout who were racked with pain had a special patron to whom they could call for deliverance. St. Alpollonia, a martyr under Emperor Philip, among other cruel indignities, had her teeth pulled out. In consequence, she became toothache's tutelary saint, as her emblems—one of which is "holding a tooth in pincers"—sufficiently testify.

**Esthetic Disinfection.**—The gratuitous disinfection of clothing and bedding provided by the municipality is happily becoming more and more *a la mode* in Paris; but side by side with the public ovens there have sprung up private ones whose claims to patronage, as set forth in elaborate circulars, consists in the fact that the yellowing of the linen which occurs at the municipal establishments is by their process counteracted by further treatment. The Conseil d'Hygiene will soon take the question into consideration and it is intended to have the operations of these enterprising *industriels* carefully superintended by the medical inspectors attached to the Prefecture of Police. A code of regulations will also be issued, so as to render private disinfection a reality.

**Rebuked.**—The *National Advertiser* says: Doctors McCoy and Copeland, the two "advertising doctors" of New York, are still keeping up their gambling tactics. It is doubtless presumed by them that it is good advertising, and possibly they may attract a few weak-minded people whose intellects are undermined by disease. If they were scientific men or skillful advertisers, however they would know that eventually no clear-headed men or women would intrust their lives or health in the hands of gamblers. If a doctor will descend to such methods in his business, he will gamble upon the life and health of his patients. Medicine is already too much of an experimental science, and when doctors come out and openly proclaim it as high time in the interest of humanity to call a halt.

**An Effort to Suppress Itinerants.**—In view of the fact that the Medical Practice Act of Illinois is so vaguely worded it is practically inoperative, and does not reach the itinerant "doctor" at all. On the other hand, every city, town, and village has the power to adopt ordinances to regulate itinerants, vending or peddling of drugs, nostrums, etc. and the practice of medicine by itinerants. Taking all these matters into consideration the Illinois State Board of Health has issued a circular urging that such action be taken by cities and asking all legitimate practitioners to further such action as much as they can. We must say for the Board that it has never issued a license to any itinerant nor is it likely that it will ever do so.

The ordinance which is proposed would make short work of the itinerants of all classes. The license fee of $100 which is proposed, would be exacted from every member of an itinerant troupe, as well as from every itinerant physician. If a community favors itinerancy it may issue the licenses provided for in the ordinance. If not, the fine of $200 would effectually exclude all itinerants.

Those who are desirous of obtaining a copy of the proposed ordinance as well as other literature, relating to this matter may obtain same by addressing a request to that effect to Dr. F. W. Reilly, Secretary of the Illinois State Board of Health, Springfield, Ill.

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**An "Indian Oculist"** was expelled from Munich by the police recently.

**When is a Body Dead?**—Prof. Longstreth contends that up to the present time no solution has been given to the question, When is a body dead? All solutions thus far presented have been found to fail in some case. In Paris a prize is offered to the first one who shall solve this question correctly. Though it has been offered some time, it has not, up to date, been taken. There are some people who walk about and are dead, yet they are unaware of the fact.

**Typhus Fever.**—Two or three additional cases of typhus fever have been discovered among the frequenters of the New York down-town lodging-houses. One of these was found in the alcoholic wards of Bellevue Hospital. On December 6th the man walked into Bellevue himself, suffering from alcoholism. On the 9th typhus openly declared itself, and he was at once removed to the hospital for contagious diseases on North Brother Island, where he died on the morning of the 10th.

**Fictitious Temperature.**—Dr. Ali Krogins, Physician to the Helsingfors Surgical Hospital, reports an epidemic of sham temperature amongst patients in his charge. Three men and one woman either simulated a non-existent fever or exaggerated their actual high temperature by rubbing the bulbs of the thermometers in the fold of their dress, or by tapping with the finger on the upper end of the instrument so as to jerk up the register. The fictitious temperatures were carefully adjusted so as to simulate enteric fever, the evening temperature being made higher than the morning. By using two thermometers simultaneously, one in the rectum and one in the axilla, and by careful watching the fraud was discovered; and the "weaker vessel" confessed that she learned the trick from a woman in another town.

**Tactus Eruditus.**—In a discourse on the doctor's hands, Dr. Dan Milliken said *inter alia* (*Lancet-Clinic*): We hear so much of the tactus eruditus, and it might be thought right that in a discourse on hands and fingers, something should be said of it. The trained and discriminating touch is not a matter of the hands, and cannot be said to be acquired by training of them. It is amatter of the head, and is acquired by mental discipline. But this thing is certain: The mind cannot acquire discriminating power if it is compelled to pass upon the impressions received upon clumsy, case-hardened fingers. The mind can only work with its tools, and the excellence of its work is partly in proportion to the efficiency of its tools. I can't detect hotness, dryness, harshness, fluidity or solidity, nor any other thing my mind ought to detect by touch, unless I have good fingers for the mind to work with. As well give me an erratic thermometer and ask me to make a fever-chart.

**Dr. Liborio Zerda,** Rector of the Faculty of Medicine and Natural Science in the University of Colombia, has been appointed Minister of Public Instruction by the President of the Republic of Colombia.

**Increased Consumption of Alcohol in France.**—During the last forty years the consumption of alcoholic drinks in France has, according to some startling figures recently published in the *Bulletin de Statistique*, increased threefold. In 1850 the rate of consumption was about 1½ litre per head; in 1869 it had risen to 2½; and now it is 4½, or a little more than 7½ pints. The rate of increase has been particularly rapid since 1888. The drink shops have multiplied at a corresponding rate, especially during the last fifteen or twenty years. In 1869 there were in the whole of France 365,878 establishments licensed for the sale of intoxicating drink; that number has now grown to over 448,000, which is at the rate of one drink shop per 87 inhabitants. The nature of the beverages used has also changed considerably for the worse, for whereas hardly anything but wine used to be drunk, now brandy, absinthe, gin, etc., are largely consumed, with results which have been only too truly depicted by M. Zola in *L'Assommoir* and others of his works.

**Epidemics in Antiquity.**—Dr. T. W. Beadle, in the course of an article on cholera, (*Kas. Med. Cat.*), states that it should be remembered that the civilized world of to-day knows nothing, comparatively, of epidemics. One week of such havoc as was made by the so-called plague, or the black death, would sink cholera and yellow fever to insignificance. Thucydides has given an account of the plague in Athens (430 B. C.) which chills the blood. The living could not bury the dead. The temples were piled with corpses, and the water tanks were choked with those who plunged into them in agonies of thirst. Hundreds of families utterly disappeared, and whole squares were left without one living person. Even the dogs died of the all pervading air poison.

During "Justinian's plague" from 5,000 to 10,000 persons died daily in Constantinople, and in Italy the crops rotted on the ground for want of people to gather them. At least 100, 000,000 people died in the Roman empire. In the Fourteenth century the black death in four rears destroyed one-fourth of the people of Europe. In Florence 100,000 people died in a few weeks. In Germany there was a widespread slaughter of the Jews on the charge that they had poisoned the wells. It the year 1665 at least 90.000 died of the plague in London alone, probably over a third of the population. The ties of nature and the instincts of decency were alike ignored. Thieves rioted in the very chambers of the dead, and corpses were found by scores with stolen articles in their grasp. It was then, according to the popular story, that the "thieves' vinegar" was invented —a preventive of the disease. The world is much wiser and cleaner, hence healthier now.

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**Dr. Friedrich Hermann,** formerly chief of the Obuchchow hospital of St. Petersburg, died last month at the advanced age of 82. He was highly honored in Russia, where he had achieved enviable distinction in his profession.

**Alkaline Urine.**—Saccharine is advised by some physicians as an excellent means of correcting alkaline urine. Given in five grain doses is capsules four times a day, it has been known to change the alkaline urine to acid urine in from twenty to forty-eight hours.

**The Bacillus** of tuberculosis, says *Nature*, is often to be found in places lived in by consumptives. Herr Prausnits has lately collected the dust in various compartments of trains which often convey patients from Berlin to Meran, and inoculated a number of guinea pigs with it. Two out of five compartments so examined were found to contain the bacillus; the dust of one rendered three out of four guinea pigs tuberculous, that of the other, two.

**Still Crowding.**—The list of gentleman who "having passed the necessary examinations and having conformed to the by-laws and regulations, were, at the last ordinary meeting of the Council of the Royal College of Surgeons of England, admitted members of the College," occupied no less than seventeen inches, equal to three-quarters of a column of close print, in the *Times*. When one reflects that the same processs is going on merrily at the twenty odd Licensing Boards of the United Kingdom, to say nothing of the colonies, and that this is only a quarterly list, it becomes painfully evident that the profession is in no imminent danger of falling short of the demand in point of numbers.

**Onesided Sweating of the Face.**—Dr. T. Marshall showed to the Clinical Society of London a man, aged about 45, who had been troubled with perspiration of the right half of his face and neck on excitement for about nine years, since a severe attack of typhoid fever. Concentration of thought, worry with his workmen, or stimulants, such as tea and whisky, would bring it on. He was of an excitable temperament.

Dr. Kingston Fox referred to cases of sweating of limited portions of the face in children of an unstable, nervous, disposition. He had shown a case of hyperidrosis of a limited area on one forearm in a hysterical girl.

Dr. Cotman had exhibited last year a case of sweating of one-half of the face following parotid suppuration, in which he thought that there had been some blending of the fibres of the chorda tympani and auriculo-temporal nerves.

**Diuretic.**—As a diuretic in cardiac dropsy, Prof. Bartholow recommends (*Coll. and Clin. Rec.*):

℞ Infus. digitalis, - - - - ℥iij ss.
Aceti scillæ - - - - - ℥ss.
M.
S. A tablespoonful two or three times a day.

**Fuch's Collyrium for Chronic Conjunctivitis.**—The following appears in the *Medical and Surgical Journal*:

℞ Ammonii chloridi, - - grm. 0.1
Zinci sulphatis, - - grm. 0.25
Aquæ destillatæ, - - grm. 40.0
M. et adde
Camphoræ, - - - grm. 0.08
Dissolved in
Spiritus vini diluentis, - grm. 4.0
Crocі, - - - - - grm. 0.02
M.
Digest for twenty-four hours, stirring frequently. Filter.
S. Eye drops, to be used pure or diluted with equal parts of water.

**Toothache.**—The following formulæ are given in an Italian medical journal (*Med. and Surg. Rep.*):

℞ Sozoiodolate of soda, - - pts.j,
Sozoidolate of potash, - - - pts.ij.
Glycerine to form a paste.
Put one or two drops into the cavity.

℞ Chloroform, - - - - pts.xiv.
Mastic, - - - - - pts.viij.
Peruvian balsam, - - - pts.v.
Dissolve the resins in the chloroform. Two or three drops into the carious cavity.

℞ Extract of opium,
Camphor, - - - - aa pts.j.
Peruvian balsam,
Mastic, - - - - aa pts.ij.
Chloroform, - - - - pts.xx.

℞ Chloroform,
Laudanum, - - - aa eq. pts.
Creosote,
Tincture of benzoin, - - pts.iij.

℞ Chloral hydrate,
Camphor, - - - - aa pts.v.
Cocaine, - - - - - pts.j.

℞ Creosote,
Essence of peppermint, - aa gtts.ij.
Essence of violet, - - - gtts.v.
Cocaine, - - - mgm.xv (gr.¼).
Chloroform, - - - - q.s.

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**Old Soak**—Had an awful dream last night.

"What was it?"

Old Soak—Dreamed I'd been to Dwight and got cured.

**Jeanette**—Does Miss Boardman get her lovely complexion from her father or her mother?

Gladys (sweetly)—From her father, He's in the drug business.

**She Struck Her Ulner Nerve.**—"Doctor, please come and see my wife."

"What's the matter with your wife, Pat?"

"Bum-ta-ra-rum."

**Doctor**—Ben, what's your face so bunged up for?

Ben (sadly)—Dat fool George Williams done it; I was at de cake walk las' night, and all I say to his gal was, "Good ebnin, Miss Annie, you's lookin' quite pregnant dis ebnin." What make him hit me, doctor?

**Mrs. Spriggs**—How careful your little boy is of his health. My boy is constantly running out, and in all sorts of weather, without overcoat or overshoes, no matter what I say. How do you manage?

Mrs. Briggs—When my boy catches cold I give him codliver-oil.

**"Doctor,"** said the patieut, "I believe there's something wrong with my stomach."

"Not a bit of it," replied the doctor promptly. "God made your stomach and He knows how to make them. There's something wrong with the stuff you put into it, may, be, and something wrong in the way you stuff it in and stamp it down, but your stomach is all right," and immediately the patient discharged him.

**Not Deserving of Recognition.**—"By the way," said the gentlemanly looking person in the black broadcloth suit, "if you mention my name in connection with the accident you may say that 'Dr. Swankem was called and the fractured arm was suitably bandaged,' or something to that effect. Please spell the name correctly. Here's my card."

"Thanks," said the reporter, looking at the card. "You are next door to Dr. Rybold, I believe. Are you acquainted with him?"

"No, sir," replied Dr. Swankem, stiffly. "We do not recognize Dr. Rybold as a member of the profession. He advertises."

**Chesapeake & Ohio Steamship Company, Limited.**—Advices from London state that all the papers for the organization of the Chesapeake and Ohio Steamship Company, Limited, have been signed, and the capital has all been subscribed. The line is in the interest of the Chesapeake and Ohio Railway Company, which owns a majority of the stock. Contracts have been awarded to builders on the Clyde for the construction of six steamers. Three of them are about the *size* of the new White Star Steamer Cufic, the other three are about one-fifth smller. The steamers will make regular weekly sailings from Newport News to England, and additional steamers will be built (probably in America) as the line requires them.

Mr. Ingalls, president of the Chesapeake and Ohio Railway, says that the advantages to the railway company of this line can hardly be overestimated. The export business from Newport News is even now more than enough for these steamers, as well as all the tramp steamers that can be secured. Last year over 120 steamears were loaded by the Chesapeake and Ohio from that port for Europe (*New York World*).

**A Japanese Mountain Railway.**—A fascinating account of the Japanese railway on the Abt system, which is being built over Mount Usui, in the very heart of Japan, and is probably being opened for operation just about this time, can be found in one of our exchanges. The article is written for *The Railway Age and Northwestern Railroader* by a distinguished Japanese engineer resident at Tokio, the language of the writer having been but little altered. Critical readers will find some novelties in the phraseology and grammatical construction, which however rather add to than detract from the value of the article—a value which is two fold. In the first place the railway which is described is interesting in itself by reason of its engineering difficulties, and especially interesting for being built in Japan. In the second place the article is interesting, apart from its subject matter, as showing how well an educated Japanese engineer can write in English who has learned the language entirely in his native country.

**Cutting Rates.**—When a railway voluntarily makes a ticket rate of $1.50 for a journey of 372 miles and its competitors drop to the same figure the public can hardly deny that railway managers are sometimes very generous. Just now the lines between Chicago and Louisville are carrying passengers for that ridiculous sum, and losing money for the owners of the roads very generously. The public need have no fear of pooling while the railways indulge in such fooling.

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